| 3000 | CCUPA- | |
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| | of o | |
| | statement | |
| - | Exact | |
| | classified. | |
| - | properly | certificate |
| | be | Jo |
| AND DITTO THE PROPERTY OF THE | OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | very important. See instructions on back of certificate. |
| | terms, so | instruct |
| | n plain | nt. Se |
| | DEATH in | importai |
| | OF 1 | very |

CAUSE TION is

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 10056 |
|--|--|
| 1. PLACE OF DEATH | 92-2 |
| County Carrall | Registration Dist. No. 7.4 |
| Village or City Syke swelle | Mexica Villa State Nambeta Stard |
| Length of residence in city or town where death occurredyrsmos. | death-occurred in a horpital or institution, give its NAME instead of street and number) ds. How long on U.S. if of foreign birth?yrsds. |
| 2. FULL NAME Makel Barrett | |
| (a) Residence: No. | St. Ward Fullertan Ma |
| (Usual place of abode) | If nonresident give city or town and State, |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Acres, Ce | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | (Month) (Day) (Year) 22. 1 HEREBY CERTIFY, That I attended deceased from |
| (0), 111201 | apr 17 ,1939, to Oct 20 ,1914 |
| 6. DATE OF BIRTH (month, day, and year) July 31, 1889. | I last saw h Lk elive on Olf 1934, 1934, death is said |
| 7. AGE Years Months Days If LESS than 1 dey,hrs. | to have occurred on the date stated above, at 3Am. |
| 73 2 20 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, practical nurse | 1 |
| 9. Industry or business in which | Endotar elilia willi 1933 |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Cardese allalater on |
| 11. Total time (years) this occupation (month and luckusm. year) 11. Total time (years) spent in this occupation luckusm. | |
| 12. BIRTHPLACE (city or town) Callense | Other Contributory Causes of Importance: |
| (State or country) Mary Cand | P 1022 |
| 13. NAME William Keury Karrell | - A State of The Control of the Cont |
| 13. NAME Welliam Genry Barrell 14. BIRTHPLACE (city or town) flick acan | Nama of operation Date of |
| (State of country) white | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME NOVA Vaughan | 23. If death wes due to external causes (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME Dora Vaughen 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Deta of Injury, 19 |
| (Stete or country) Vinguism. | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Happelle least do (Address) Like will no | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place aballo Date all 26, 198 9 | Nature of injury |
| 19. UNDERTAKER To Tuckmy - Sun | 24. Was disease or injury In eny way related to occupation of deceased? |
| (Addiess) Onatte Pay | If so, specify |
| 20. FILED Self: 23, 1934 CHANY YUNG Registrar. | (Signed) Mary M. D. (Address) Ly Respelle Med |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
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| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributes of i | |
| other contributory causes of importance; | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastrocnteritis | 1 year |
| | | | |
| | | | |

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKER

(Address)

mation should be carefully supplied.

of OCCUPA.

Exact statement

B

| 1. PLACE OF DEATH County Carriel Village or City Suplemble M. | Registration Dist. No. No. Sprengfield State House of St., Ward death occurred in a hospital of institution, give its NAME lestead of street and number) 22 ds. How long in U.S. if of foreign birth? yrs. mos. ds. St., Ward. If nonresident give city or town and State |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merriad, widowed, or divorced | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| HUSBAND of (or) WIFE of Since Lines Deall 6. DATE OF BIRTH (month, day, and year) Tebruary 24, 1845 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last worked et this occupation (month and this conception) this conception (month and this conception) this conception (month and this conception) this conception (month and this conception) the same of the conception (month and this conception) the conception (month and this conception) the conception (month and this conception) the conception (month and the conception) the conception | 22. I HEREBY CERTIFY. Thet I attanded decaesed from Communities of the |
| 10. Date dacaasad last worked et this occupation (month and yaar) | |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country) | Other Contributory Causes of Importance: |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| | What tast confirmed diagnosis? Was there an eulopsy? |
| 15. MAIDEN NAME Colon Cook 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. MAIDEN NAME COOK COOK COOK (Address) 18. MAIDEN NAME COOK | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place Hyattaville Md Date of 29, 1934. | Manner of injury |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address)

24. Was diseasa or injury in any way ralated to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BODEAU V S | | • | 10 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 144 |

| STATE | OF MARYLAN | D-CE | RTIFICATE | OF DEATH | 10068 |
|---|---|-------------------|-------------------------------|--|---|
| 1. PLACE OF DEATH | | | [31] | | |
| County Carroll | | | | Registration Dist. No. | y it |
| Village or City Dukesva | lle | N | springful | 1 State Hospital | St Ward |
| Length of residence In city or town whar | | (If death or | curred in a hospital or insti | tution, give its NAME instead of f of foreign birth?yrs. | street and number) |
| 2. FULL NAME Thomas | 1 0 0 | | .us. now tong in u.s. ti | or roteign bittit!yts. | mosas. |
| (a) Residence: No. 290 L | | | | Balternine M. | 201 |
| (a) Residence: No. 270 6 | (Usual place of nbode) | St. | Ward. | If nonresident give city or | town and State |
| PERSONAL AND STATIS | TICAL PARTICULARS | | MEDICAL | CERTIFICATE OF DI | EATH |
| 3. SEX 4. COLOR OR RACE White | S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w | VED. 21. C | ATE OF DEATH | October 31 of (Month) (Day) | , 193 / |
| 5a. If marriad, widowed, or divorced HUSBAND of Cerhul M. | Allen | 22.) Ja | HEREB | Y CERTIFY, That I | ettended deceesed from 3 15 19 34 |
| 6. DATE OF BIRTH (month, day, and yeer) | arch 204 1860 | 1 last | saw h 1272 elive on 1 | D+1. 518 | , 1934 ; death is said |
| 7. AGE Years Months | Days If LESS | hrs. The P | e occurred on the date sta | ited above, at P 30 P m. ATH and ralated causas of import | |
| 8 Trede, profassion, or particular kind of work dona, as SPINNER, | | | as follows: | | Preve To |
| SAWYER, BOOKKEEPER, etc. | un grapher. | | erebral Us | terioschrosis | Dec. 1931 |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc | | | hrome My | phritis | 1931 |
| 10. Date deceased last worked at when this occupation (month and 191) | | gen | / | | |
| 12. BIRTHPLACE (city or town) Frederic | koburg | | Contributory Causes of im | | |
| (State or country) Va | | (2) | ronchopner | moma | Oct. 27 |
| 13. NAME Itelham N. | Sell | | | | 1934 |
| 4 14. BIRTHPLACE (CITY OF TOWN) | nown Nginia | Name What | of operation. Now | e and laboratory fin | Date of |
| 15. MAIDEN NAME Mary Green | wood. | | | euses (VIOLENCE) fill in aiso th | |
| 15. MAIDEN NAME Mary Green 16. BIRTHPLACE (city or town) | pnown | | | Date of inju | 1 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| ∑ (Stete or country) | Virginia | Where | did injury occur? | /C16 | 10 |
| 17. INFORMANT Syringful a State (Address) Syrisvil | | Specif | y whether injury occurred | (Specify city or town, coun in INDUSTRY, in HOME, or in P | UBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | 1 71.13 | Mann | er of injury | | |
| y specifor lain | Data O , 1 | 9-3-4- Natur | e of injury | | |
| 19. UNDERTAKER NAME (Address) | nose Me | | s disease or injury in any | way related to occupation of dec | aasad? No |
| 20. FILED Det 31, 19 3 4 | Stary Mrs. | es (| Signed Kohn | H. Morris | M. D. |
| If mor | e blanks are needed, address State R | egistrar, 2411 N. | Charles Street, Baltimore, 1 | Requesting U. S. No. 1. | |

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

| M | N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
|----------------------------|---|--|--|--|
| D FOR BINDING | IS IS A PERMANENT | be stated EXACTLY | be properly classified. | of certificate. |
| ARGIN RESERVED FOR BINDING | IITH UNFADING INK-TH | ully supplied. AGE should b | plain terms, so that it may I | TION is very important. See instructions on back of certificate. |
| V. S. No. 1 | B.—WRITE PLAINLY, W | mation should be carefu | CAUSE OF DEATH in | TION is very important |
| > | Z | 1 | 1 |) |

| | STATE (| OF MA | RYLAND— | CERTIFICATE OF DEATH | 1000 |
|--|---------------------------------|--------------------------|--|--|-----------------|
| 1. PLACE OF DI | 0.0 | | | (165) | 1933 |
| County Lo a | | 7 | 7 | Registration Dist. No. | > |
| Village or City | lar W | celmy | nster | No. St., f death occurred in a horpital or institution, give its NAME instead of street and | War |
| Length of residence | n city or town where | death occurred_ | | sds. How long in U.S. if of foreign birth?yrs | |
| 2. FULL NAME | mar | 11 0 | 3 rehm | | |
| (a) Residence: N | | / | | St. Ward. | |
| (a) Nesidence. N | J | (Usual pl | ace of abode) | If nonresident give city or town an | d State |
| PERSONAL | AND STATIS | TICAL PAR | TICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. C | OLOR OR RACE | 5. SINGLE, M OR DIVOR | ARRIED, WIDOWED, CED (write the word) | 21. DATE OF DEATH Oct. 22. | 1024. |
| 5a. If married, widowad, or | Vhile | Mar | red | (Month) (Day) | (Year) |
| | | Brehm | | 22. I HEREBY CERTIFY, That I attended | d deceased from |
| (OI) WITE OI | | | | , to, to | |
| 6. DATE OF BIRTH (month | , day, and year) | 1ay 22 | -1870 | I last saw h alive on | ; death is sai |
| 7. AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, atm. | |
| 64 | 5 | = | 1 day,hrs. | wera as follows: | Data of onset |
| 8. Trade, profession, o | or particular | 1 | '0 | Suicide by hanging herself | Data of ouse |
| kind of work de SAWYER, BOOK 9. Industry or busine work was done. | me, as SPINNER, KEEPER, atc. | Youse | wife | on farm near Westminster, | |
| work was done, | as SILK MILL, | | | | |
| 10. Date deceased last | worked at | 11. Tot | al time (years) | - | |
| this occupation year) | (month and | | pant In this eccupation | | |
| 12. BIRTHPLACE (city or to | un Carrin | ll Co | | Other Contributory Causes of Importance: Meloncholy condition. | |
| (State or country) | mary | land | · · · · · · · · · · · · · · · · · · · | | |
| 13. NAME Fire | derick o | Baeler | | | |
| 13. NAME YEAR | or town) | | | Name of operation Date of | |
| (State or count) | | nany | | What test confirmed diagnosis? Was there an | autopsy? |
| 15. MAIOEN NAME | runich | una (| Weise | 23. If death was due to extarnal causes (VIOLENCE) fill in also the following | ng: |
| 16. BIRTHPLACE (city of | or town) | | *************** | Accident, suicide, or homicide? Suicide . Date of injuryOct | . 22, 34 |
| State or count | (V) Terr | nany | | Where did injury occur? Near Westminster, C | arroll |
| 17. INFORMANT 7 | coloriek | Bhe | han | (Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P | LACE. |
| | Wester | unter | md | Home. | |
| 18. BURIAL, CREMATION, C | R REMOVAL | Data 10 | A 24 224 | Manner of Injury | |
| riace. 2521 Jev. CV | 341 32-4-4-4-4-5 | Date | C:V.J, 1941.7. | Nature of injury | |
| 19. UNDERTAKER | Banka | rd tso | 27 | 24. Was disease or injury in any way related to occupation of deceased? | |
| (Address) | estima | maler | ma | If sto specify | Corone |
| 20, FILED /2. | 1,1984 5 | de | oodu | | |
| | 76 | a blanks and made | Registrar. | (Address) Westminster, Md. | L |
| | LJ MOT | . Junks are neede | , wateress state Kegistrar, | 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1. | |

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | |
| | Mug1,1920 | austroenterius | 1 year |

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate.

| RVED | THIS- | ould be |
|----------------|--|--|
| RESE | G INK. | AGE she |
| ARGIN RESERVED | BWRITE PLAINLY, WITH UNFADING INK-THIS | mation should be carefully supplied. AGE should be |
| | WITH | efully : |
| D | INLY, | be car |
| | E PLA | should |
| 0.1 | -WRIT | mation |
| . No. 1 | m | |

V. S. No. 1

ż

| 1 | S | TATE C | F MAR | YLAND- | CERTIFICATE OF DEATH | 6070 |
|------------|--|------------------------------|--|--|---|-------------------|
| 1 | L PLACE OF DEA | | | | 932 | 7./ |
| | County Carr | | | | Registration Dist. No. | |
| | Village or City | ykesorl | le | | No. Springfuld State Hospital St. | Ward |
| | Length of residence in c | / ity or town whare o | seath occurred 8 | | death occurred in a hypital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? | nd number) |
| | 2. FULL NAME | Frankle | n Brow | | | |
| 1 | (a) Residence: No. | | men Co. 1 | | Sty Word Montgomery County. | md. |
| | (a) Residence. No | 7 | (Usual place | | If nonresident give city or fown a | and State |
| | PERSONAL AN | ID STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| | n | or or race | 5. SINGLE, MARI OR DIVORCEO Marrie | RIED, WIDOWED, (write the word) | 21. DATE OF DEATH Jober 30 = | , 193 4 (Yaar) |
| 5a. | HUSBANO of (or) WIFE of | | ne Turku | ton | 22 I HEREBY CERTIFY, That I attend | ed, deceased from |
| 6. | DATE OF BIRTH (month, da | y, and yaar) an | quet 5th | 1859 | | 4 ; daath Is said |
| 7 | AGE Years | Months | Deys | If LESS than | to have occurred on the date stated above, at 12.251 m. | |
| | 75 | 2 | 23 | 1 day,hrs. ormin. | Tha PRINCIPAL CAUSE OF OEATH and related causas of Importanca were as follows: | Date of onset |
| NOI | Trade, prolession, or p kind of work done, SAWYER, BDDKKE | as SPINNER. | Labo | rer on | General arterioschoon | 1926 |
| OCCUPATION | 9, Industry or businass in work was done, as SAW MILL, BANK, | n wbich SILK MILL, etc | Farm. | | | |
| 000 | 10. Date decaased last wo this occupation (mo year) | rked at revenish | 11. Total ti spen occu | me (years) # 5 it in this years pation | | |
| 12. | BIRTHPLACE (city or town) (Stete or country) | montgo | vn | nd. | Other Contributory Causes of Importance: Chromic Myvarditis | 1926 |
| ER | 13. NAME Thomas | 2 4. B | rown | | <i>g</i> | |
| FATHER | 14. BIRTHPLACE (city or to (State or country) | /WII/ | somery Co. S. | nd | Name of operation North Date of What tast confirmed diagnosis? Was there a | n autonou? No |
| HER | 15. MAIDEN NAME | Late mo | eley | | 23. If daath was dua to axtarnal causes (VIDLENCE) fill in elso the follow | |
| MOTHER | 16. BIRTHPLACE (city or to (State or country) | own) Tuns | mywn Md. | | Accident, suicida, or homicide? Date of injury Whera did Injury occur? | |
| 17. | INFORMANT Syring (Address) | peld state | | (Recorde) | (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC | itate) PLACE. |
| 18. | BURIAL, CREMATION, OR F | REMOVAL Cen | e Date Nov | . 1 ,1934 | Manner of injury | |
| 19. | UNDERTAKER 6 | MIN | 13 | 711 | 24. Was diseasa or injury In any way related to occupation of dacaasad? If so, specify | hr |
| 20. | FILED DAY . 38 | 1934Cd | Jany | Messer Registrar. | (Signad) John N. Morris (Address) (D.S. N.) Lyke will. M. | M. O. |
| - | | *** | | Megnital. | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis - | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUDECL V C | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenleritis | 1 year |
| | | | |
| | | | |

ż

of OCCUPA-

| 1 | . PLACE OF DEATH | or which | | |
|------------|---|----------------|-------------------------------------|--|
| | County Carroll | | | Registration Dist. No. |
| 3 | | ld Stat | e Hospita | 1 No. Sykesville, Maryland St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | Length of residence in city or town where | death occurred | (If yrs,5mos | death occurred in a hospital or institution, give its NAME instead of street and number) 19 ds. How long in U.S. if of foreign birth? |
| 2 | FULL NAMEJohn Buck | | | |
| | (a) Residence: No. Savanna | h Ave., | | Ram, Bawataimore Co., Maryland If nonresident give city or town and State |
| | PERSONAL AND STATIST | ICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. 3 | Male 4. COLOR OR RACE White | | RRIED, WIDOWED. ED (write the word) | 21. DATE OF DEATH October 28, 1934 (Month) (Day) (Year) |
| 5a. | If married, widowed, or divorced HUSBAND of | | | |
| | (or) WIFE of Roberta At | enburg | | 22. I HEREBY CERTIFY. That I attended deceased from Oct. 16, 1934, to Oct. 28, 1934 |
| 6 1 | DATE OF BIRTH (month, day, and year) JU | lv 21. | 1889 | I last saw h_im_alive on Oct_28, 1934; death is said |
| | AGE Years Months | Days | If LESS than | to heve occurred on the date steted above, at 10Am. |
| | 45 3 | 7 | 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importence |
| OCCUPATION | 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc | ire Mil | 1 worker. | General Paralysis of the insah e 1933(|
| 12. | BIRTHPLACE (city or town) Mary la (Stete or country) | | apetiony | other Contributory Causes of Importance: Purpura Haemorrhagica 10-16-34 |
| ER | 13. NAME Andrew Buck | | | |
| FATHER | 14. BIRTHPLACE (city or town) | yland | | Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy? Yes |
| ER | 15. MAIDEN NAME Eva Knauf | | Marie and | 23. If death was due to external causes (MOLENCE) fill in also the following: tests |
| MOTHER | 16. BIRTHPLACE (city or town) Mary (State or country) | | | Accident, suicide, or homicide? |
| | (Address) Sykesville, | | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. | BURIAL, CREMATION, OR REMOVAL Place Wirelands nemo | Paloete Oct | 30 ,19 34 | Manner of injuryNature of injury |
| 19. | UNDERTAKER John S. Co | mell | 4 | 24. Was disease or injury in eny way related to occupation of deceased? |
| 20. | FILED Set. 28, 1934 4 | Haus | Registrar. | (Signed) Marry J. Baer, M.D. (Address) Sykespille, M.D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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| principal cause of death and related causes mportance were as follows: ck of epilepsy over by street car | 1 week ago |
|--|------------|
| | |
| over hu street car | |
| 000 0,4 00 000 000 | 1 week ago |
| onitis | 3 days ago |
| er contributory causes of importance: | 1 year |
| - | |

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

| 1. PLACE OF DEATH | CERTIFICATE OF BEATT |
|---|--|
| county Carrall + | Registration Dist. No. 70 |
| Village or City Janey Dwu | No. St. Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmg | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Mrs. Lugge M. Duff | uglow |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEXT / 14. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH O |
| Manuale white OR DIVORCED (write the word) | (Month) (Day) (Ydar) |
| 5a'-M married, widowed, or divorced PUSDAND of 7 | |
| (or) WIFE of Sheddere & Duffing on | 1 HEREBY CERTIFY That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Mars 15, 187/1 | last saw h la alive on Qu/2 1934 death is said |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, at Ile |
| 63 6 27 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trada profession or particular | Wera as follows: |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc | Lastre |
| kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, atc. 10. Date decassad last worked at this occuration (month and | Dolein 1st |
| 20 10. Date decaasad last worked at 11, Total time (years) | |
| O this occupation (month and spany in this occupation occupation | |
| Dear on a | Other Contributery Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | The stay of the st |
| 13 NAME JUD Vallinger | In Juntonity Ablant. 8 9 |
| 13. NAME LO Sallingle 14. BIRTHPLACE (city or town). Ga: | Nama of oparation 2001 A Data of |
| 14. BIRTHPLACE (city or town) | What test confirmed diagnosis? Plumber Was there an autopsy? 20 |
| I 15. MAIDEN NAME Clicabeth / Chidle | 23. If death was due to external causes (VIOLENCE) fill In also tha following: |
| 15. MAIDEN NAME CLEANT MAILS 16. BIRTHPLACE (city of town) | Accident, suicide, or homicide? |
| State or county(0) | Whare did injury occur? |
| Thomas G. Dullington | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT (Address) Fanel (Man), Will | |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of Injury |
| Place WALKAM Janky WW X Data JUY 1 / V 1934 | Natura of injury |
| 19, UNDERTAKER BOTTUSS & Sav | 24. Was disease or Injury in any way ralated to occupation of deceased? 220 |
| (Address) Janly town mk. | If so, specify |
| 20. FILED Oct 15- 1934 Ethel M Mehrund | (Signad) Home Mar Min M. D |
| 20. FILED TO Regispar. | (Address) January was und |
| If more blanks are needed, address State Registrar | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 0100 |
| | | | |

| 4 | | | 12/1112 | CERTIFICATION OF BEATING | |
|--|-------------|--------------|--------------------------------------|--|-----------------|
| 1. PLACE OF DEATH | | | | 107-0 | 17 - |
| County Carro | 11 | | | Registration Dist. No | 5- |
| Village or City R1 | | | (Ii | No. St., of death occurred in a horpital or institution, give its NAME instead of street and not instead of street and not institution. St., of street and not instead of street and not institute in the street institution. | Ward |
| 2. FULL NAME W | | | | | |
| | | dgevill | | Ct Ward | |
| (a) Residence: No. | | (Usual place | of abode) | St., Ward. If nonresident give city or town and the state of the stat | State |
| PERSONAL AND | STATISTIC | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR (| | OR DIVORCE | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH October 20. | 193/1 |
| Sa If merried widowed or divorce | ite | | lower | (Month) (Day) | (Year) |
| HUSBAND of late | ,Sarah | A.Burd | | 22. I HEREBY CERTIFY, Thet I attended of OCC. 17. 1984, to OCC 20 | leceased from |
| 6. DATE OF BIRTH (month, dey, ar | nd yeer) 18 | 62-6-28 | 3 | I lest saw h Die alive on Oct 19 ,1934 | ; death is seid |
| 7. AGE Years | Months | Days | If LESS then | to heve occurred on the date steted above, at 10 - 2m. | |
| 72 | 3 | 22 | 1 dey,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows: | Date of onset |
| kind of work done, es SAWYER, BOOKKEEPER | 00111150 | arm Lab | norer | acute Bronco Presume | |
| . Industry or business in wi | hich | 234.11C | | welle provide fulling | 0.7 |
| work was done, es SIL! SAW MILL, BANK, etc | K MILL, | | | | yeu. |
| 10. Dete deceesed last worked this occupation (month | l et | II. Total t | ime (years) nt In this | | 17-30 |
| yeer) | | 0001 | pation | Oh. Call a Call | |
| 12. BIRTHPLACE (city or town) | Freder | ick Co. | | Other Contributory Causes of Importance: | |
| (State or country) | Many | land. | | | |
| 13. NAME W11 | liam B | urdette | 9 | | |
| 14. BIRTHPLACE (city or town) | Unl | known | | Name of operation Date of | |
| (State or country) | | 11 | | What test confirmed diagnosis? Wes there en et | itoney? |
| 15. MAIDEN NAME | icie B | urdette | | 23. If death wes due to externel causes (VIOLENCE) fill in elso the following: | |
| 16. BIRTHPLACE (city or town) | Unk | nown | , | Accident, suicide, or homicide? Date of Injury | |
| (State or country) | | łt | | Where did Injury occur? | |
| 17. INFORMANT Mrs. C | llie M | ullinia | <i>د</i> , | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA | CE. |
| 18. BURIAL, CREMATION, OR REM | | g Attint a | | Menner of Injury | |
| PlaMontgomer | y Centy | Date QC | t. 22,1934. | Neture of Injury | |
| 19. UNDERTAKER (Address) | m. Ita | els ym | | 24. Was disease or injury In eny way releted to occupation of deceased? | 10- |
| 20. FILED Och 20 , 19 | 4142 | Decey | Cleel Registrar. | (Signed) Musting & Flasse (Address) Min aug Mark | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. J. Jo. 1.

V. S. No. 1

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TION is very important.

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| | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

| I RECORD. Every item of infor- | Y. PHYSICIANS should state | Exact statement of OCCUPA- | - |
|---|---|---|---|
| IS A PERMANENT | stated EXACTL | properly classified. | certificate. |
| THIS- | ld be | ay be | ck of c |
| | = | = | - 62 |
| NG INK. | AGE shou | that it m | ons on ba |
| UNFADING INK. | upplied. AGE shou | terms, so that it m | instructions on ba |
| WITH UNFADING INK. | fully supplied. AGE shou | n plain terms, so that it ma | nt. See instructions on ba |
| VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | 10N is very important. See instructions on back of certificate. |

| 1 | | | OF MAR | YLAND- | CERTIFICATE OF DEATH | 10074 | |
|------------|---|----------------------------|---------------------|--|--|-----------------|--|
|] | County Carr Village or City H | oll | Md. Tub | erculosi (Colore | s Sanatorium, Registration Dist. No. 74 d Branch) St. | Ward | |
| | | in city or town where | death occurred | yrs 1 mos | f death occurred in a horpital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?yrs | l number) | |
| 1 | . FULL NAME | | | | | | |
| | (a) Residence: N | 0.804 W. (| Istend S | t Balt | O . St., Md . Ward. If nonresident give city or town as | nd State | |
| | | AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | | |
| 1 | Male C | olor or race | or divorce Singl | RIED, WIOOWED, D (write the word) | 21. DATE OF DEATH Oct. 28,1934. (Month) (Oay) | , 193(Yeer) | |
| 5a. | If married, widowed, or HUSBAND of (or) WIFE of | divorce体本本本本本 | **** | | Sept. 26, 1934 19 10 Ct. 28, 1 | d deceased from | |
| 6. | DATE OF BIRTH (mont) | n. day, end year) | ec.11,19 | 03. | lest saw him alive on Oct. 27, 1934 19 | ; death is said | |
| 7 | AGE Years 30 | Months 10 | Days 17 | If LESS then 1 day,hrs. ormin. | to have occurred on the date steted above, at 7 • 45AM. The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: | Oate of onset | |
| TION | | KKEEPER, etc | Port | er | | Cate of onset | |
| OCCUPATION | SAW MILL, BA | , as SILK MILL, NK, etc | ***** | | Pulmonary Tuberculosis | June | |
| ő | 10. Oate deceased last this occupetion year) | ARTIOW n | 11. 10tal 1 | ime (years) int in this upador Known | | 1934 | |
| 12. | BIRTHPLACE (city or to (State or country) | Mary | ore, Md | • | Other Contributory Causes of importance: | | |
| ER | 13. NAME | John Ca | rter, | | | | |
| FATH | 14. BIRTHPLACE (city (State or count | | pahanno Virgini | | Name of operation Dete of | | |
| 1ER | 15. MAIOEN NAME | Flay | Jones, | | 23. If death was due to external causes (VIOLENCE) fill in also the following | | |
| MOTHER | 16. BIRTHPLACE (city (State or count | 0. 10/ | apolis, Marvlan | | Accident, suicide, or homicide? Date of Injury | , 19 | |
| | INFORMANT(Address) | John E, | | | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | | |
| 18. | Place PUT | OR REMOVAL | Oate Oc | L 30 7034 | Manner of Injury | ~~~~~~~ | |
| 19. | UNOERTAKER OK (Address) | 1 DW | elen | Dal. | 24. Was disease or injury In any way related to occupation of deceased? | No. | |
| 20. | FILEO 10/28/ | 341. | P. Loca | 9 Meelle 1 Registrar. | (Signed) Henryton, Md. | M. D | |
| | | If more | blanks are needed, | address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | | |

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUIREAU TO | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | • 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 | |
| | | A | 1 |

certificate.

See instructions on back

TION is very important.

should state

of OCCUPA.

1. PLACE OF DEATH

| | County | 200 | LOKY. | | | |
|--|---|---|--------------------|----------|------------|----------------|
| | Village or C | ity Sug | Herina | le Mi | \ | |
| Village or City Teacher Market Length of residence in city or town where death occurred Tyrs. 5 | | | | | | |
| Village or City Steamble No. Length of residence in city or town where death occurry 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL P. 3. SEX 4. COLOR OR RACE OR DI 5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Da 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data decaasad last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (Stata or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (Stata or country) 17. INFORMANT (Address) 18. BURAL, CREMATION, OR REMOVAL Date Date 19. UNOERTAKER | - an | · · · · | 03. | | | |
| | (a) Residen | | 1 0. | nou | n - | |
| Village or City Length of residence in city or town wh 2. FULL NAME (a) Residence: No. PERSONAL AND STATI 3. SEX 4. COLOR OR RACE 5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data decaasad last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURAL, CREMATION, OR REMOVAL 19. UNOERTAKER | | | | | | |
| - | | | | 1 | | |
| 8 | amale | 1. 6010 | hite | OR DIVOI | RCED (w | rite tha word) |
| 5a. | HUSBAND of | ad, or divor | cad | | | |
| 6. | DATE OF BIRTH (| month, day, | and yaar) Θ | A . 1: | 2,18 | 554 - |
| 7. | _ | | Months | _ | | |
| | 87 | 0 | | 3 | | |
| OCCUPATI | 9. Industry or 1 work was SAW MIL 10. Data decaasa this occup | businass in done, as SI L, BANK, at d last work pation (mon | spant in this | | | |
| 12. | | | New | Dea | نعم | |
| ER | 13. NAME 🐯 | ت عال | 1.1 | 010 | 2 . | tner |
| FATH | | | (n) |) | , | |
| ER | 15. MAIDEN NA | ME S | ulia | Bour | 27 | |
| MOTH | | | _ | 2 /2m | Y _ | |
| Length of residence in city or town where death occurra 2. FULL NAME (a) Residence: No. (Bersonal and Statistical Passes and Statistic | cods | 9. | | | | |
| 3. SEX 5a. If H 6. DAT 7. AGE 100 112. BIII 114 115 115 117. INF | BURIAL, CREMAT | ION, OF RE | | Date C | it. | 17,193 |
| 19. | UNOERTAKER (Addiess) | She | Mid | hell | y So | us l. |

| 93-0 | H / |
|---|-------------------|
| Registration Dist. No. | 74 |
| |) |
| No. Strangland State NAME instead of street are | Ward |
| ds. How long in U.S. if of foreign birth?yrs, | _mosds. |
| 9 | |
| | |
| St., Ward. | |
| If nonresident give city or town a | ind State |
| MEDICAL CERTIFICATE OF DEATH | |
| 21. DATE OF DEATH | |
| (Month) (Day) | , 193 |
| (Month) (Day) | (Year) |
| 22. HEREBY CERTIFY, That lattend | |
| June 26, 1930, 10 October | 15 1934 |
| I last saw h Qre aliva on October 15- 193 | 4 : death is said |
| to have occurred on the data stated above, at 11:45Am. | 1, 000, 10 0010 |
| Tha PRINCIPAL CAUSE OF DEATH and ralated causas of importance | |
| wera as follows: | Date of onset |
| | |
| anteriorclerosis | 1926 |
| | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| | |
| Other Contributory Causes of importance; | |
| | |
| Chronic Myocarditis | 1930 - |
| | |
| Nama of oparation Date of | |
| | |
| What test confirmed diagnosis? Was there a | |
| 23. If daath was dua to external causes (VIOLENCE) fill in also tha follow | |
| Accident, suicide, or homicide? Date of injury | , 19 |
| Where did injury occur? | |
| (Specify city or town, county and S Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC | PLACE. |
| | |
| Manner of injury | |
| Natura of injury | |
| | |
| 24. Was disaasa or injury in any way related to occupation of decaasad? | |
| If so, specify | |
| (Signed) M. Virginia Beyer | M. D. |
| (Addrass) - Angleseville, M | \ |
| | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | il | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| | of infor- | uld state | OCCUPA. | |
|-----|---|--|--|--|
| | PERMANENT RECORD. Every item | d EXACTLY. PHYSICIANS sho | rly classified. Exact statement of (| cate. |
| 101 | IS IS A | e statec | e prope | f certific |
| | N. B.—WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
| | Z | 1 | 1 | 1 |

| SIMIL OF MARIEMED CERTIFICATE OF DEATH | STATE | OF | MARYLAND—CERTIFICATE OF DEATH | 1007 |
|--|-------|----|-------------------------------|------|
|--|-------|----|-------------------------------|------|

| 1. PLACE OF DEATH | 107-27 |
|--|---|
| County Dasro Cl | Registration Dist. No. |
| Village or City Near Westminster | No. St. Ward |
| · Cl | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 4 0 | sds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Hinry Greager | |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| male White Single (write the word) | October 3/ 193 4 (Month) (Dey) (Year) |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. IHEREBY CERTIFY, That I ettended deceesed from |
| 2 2 10 24 | I lest sew harve alive on Ber 31 1934: death is seid |
| 6. DATE OF BIRTH (month, day, end yeer) Cucy 2 3 - 1954 7. AGE Yeers Months Oeys If LESS then | to heve occurred on the dete steted above, at 11:45 Am. |
|) 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence |
| 2 Trada profession or particular | Were as follows: Date of one of the land |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this securation (month and spant in this | Julian States) ac 29 |
| 9. Industry or business in which | |
| work wes done, as SILK MILL, SAW MILL, BANK, etc | |
| | |
| yeer) occupation | Dither Cautributary Canses of importence: |
| 12. BIRTHPLACE (city or town) Westmunster (State or country) md. | malnutrellar Birth |
| 13. NAME Careon J. Creager | |
| 13. NAME Careon J. Creager 14. BIRTHPLACE (city or town) | Name of operation Date of |
| 1 (State of Country) | Whet test confirmed diagnosis? Was there an eu'opsy? |
| 15. MAIOEN NAME Margaret E. Senty 16. BIRTHPLACE (city or town) (State or country) | 23. If death wes due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Dete of injury, 19 |
| Stete or country) M.C. | Where did injury occur? |
| 17. INFORMANT Garson J. Greager (Address) W. 4s Frain Flore | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Person | Manner of Injury |
| Piace Warfuldstrug D Date Nov. 2,1934 | Nature of Injury. |
| 19. UNDERTAKER AS ANKARD Son (Address) W. Polmins Lin Ma. | 24. Wes disease or injury in eny way releted to occupetion of deceesed? |
| 20. FILED/// 19 30 Pallusofire | (Signed) W. Theren There harm, D. |
| Registrar. | (Address) Weether Mill |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example 11 | | |
|--|----------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: Arleriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arleriosclerosis | 1915 | 'Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BURBAU V. S. | and the second | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | 1 | |

If more banks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) trovery, (c) Farencen. (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from taborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a additional line is provided for the latter statement; it sary to know (a the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, nature of the business or industry, and therefore an Civil engineer. Stationary farman, etc. But in many the first line will be sufficient, e g. . Farrer or Plunter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; "obar pneumonia Bronchopneumonia ("Pneumonia");

"Urnemia," "Weakness," etc., when a definite disease "PHERPERAL septicaemia," "PUERPERAL perilonitis," "Fxhaustion," "Marasmus," "Old Age, atic), "Atrophy." "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Fxhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory" causing death), 29 ds.; Bronchopneumonia (secondary); (secondary or intercurrent) affection need not be (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid interstitial nephritis, by cough; Committee on Chronic Carcinoma, valvular heart disease; etc. Nomenclature of the The contributory Sarcoma,, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate appearmanently filed.

ż

| | 1. PLACE OF | | OF MA | RYLAND- | -CERTIFICATE OF DEATH 100.8 |
|---|---|------------------------|---------------------|--|---|
| | County Carroll | | | | Registration Dist. No. |
| Village or City Sykesville, Md. | | | | | No. SPRINGFIELD STATE HOSPISAL Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) 19 ds. How long in U.S. If of foreign birth? yrs. mos. ds. |
| | 2. FULL NAW | E JAMES | M. CRON | WELL, Jr. | Cogt., Md. Ward. If nonresident give city or town and State |
| | PERSONA | AL AND STATIS | STICAL PA | RTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. | Male | 4. COLOR OR RACE White | OR DIVO | MARRIED, WIDOWED, RCED (write the word) ngle | 21. DATE OF DEATH October 29, 193 4 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) October 28, 1912 | | | October | 28, 1912 | 22. I HEREBY CERTIFY. That I attended deceased from October 8, 1934, to October 29, 1934 I lest saw h im alive on October 29, 1934; death is said |
| 7. | AGE Yeers | 0 | Days | If LESS than I dey,hr ormin. | to have occurred on the dete steted ebove, at 8:25 A.M. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Multiple Abscesses of sub- |
| _ | 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOUKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stete or country) Frederick County, Md. | | | | cutaneous tissue of sacral and gluteal regions - Staphylococcus. Other Castributory Causes of Importance: |
| 13. NAME James M. Cromwell 14. BIRTHPLACE (city or town). (State or country) Frederick County, Md. | | | | | Neme of operation Date of Whet test confirmed diegnosis? Lab. tests Was there an autopsy? No |
| ER | 15. MAIDEN NAM | | | | 23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME Mary Crawford 16. BIRTHPLACE (city or town) (State or country) Frederick County, Md. 17. INFORMANT Hospital Records, (Address) S.S. Hospital, Sykesville, M | | | | | Accident, suicide, or homicide? |
| ES BURGAL, CREMATION, OR REMOVAL. Dete Det 31, 1934 | | | | 1.1.21 | Menner of injury |
| 19. UNDERTAKER Filderys Tud | | | | soul. | 24. Was disease or Injury In any way releted to occupation of deceased? It's so, specify |
| 20. | 20. FILED Sil. 29, 19. 3 4 Coffarry Weel Registrar. | | | | (Signed) folker L. Wilhels M. D. M. |
| | | If me | ore blanks are need | led, address State Registra | r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BURGAT V. B. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | 100.3 |
| county Carroll wary | Placed , Registration Dist. No. 74 |
| Village or City Syktaville % Sp | rung full State Hospital St., Ward death of gured in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 4 yrs 6 mos. | ds How long in U. S. if of foreign birth? |
| 1 2. FULL NAME Samuel Dicker. | holl |
| (a) Residence: No. Williams fort and | St., Ward. William Shart Wd, |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whate Color OR PRACE OR DIVORCED (write the word) | 21. DATE OF DEATH Sclober 21 27, 193 4 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of Corp. WIEE of Mrs. E. Dickerhoff. | 22. HEREBY CERTIFY, Thet lattended deceased from april 9th 1930 to Seloke 212 1934 |
| 6. DATE OF BIRTH (month, day, and year) april 27th/861 | Hast saw h List alive on Octobe 21st 1934 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 9, 35.4 m. |
| 73 5 24 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| R Trade profession or particular PO | Date of enset |
| kind of work done, as SPINNER, Valere SAWYER, BOOKKEEPER, etc. | Mitral Regurgitation Prices |
| Yes a solution of the state of | |
| kind of work done, as SPINNER, Valeare SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, Rack Road, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this wurknow occupation. | Morlie Insufficiency april |
| Olas Slas alverned | Other Coutributory Causes of importance: |
| (State or country) Wary Land, | Diarrhea and Enterites April |
| # 13. NAME David Diekerhoff. | 1934 |
| 14 PIPTUPI ACT (aller on Annual) | Name of operation |
| (State or country) Tuary land | What test confirmed diegnosis? Phys Exaum Was there an autopsy? |
| 15. MAIDEN NAME Haunah Breiderdall | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 0 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State of County) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Edward Kriehter Bro Caw (Address) Williamsparx W. d. | Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, GREMATION, OR REMOVAL | Manner of injury woul |
| Place W/L-JAMS FE/(T. Dete PC1. 23, 1934 | Nature of injury "ZIOUL" |
| 19. UNDERTAKER Cloud they (Address) of all aliabeth mo | 24. Was disease or injury in any way related to occupation of deceased? "COLL |
| 20. FILED Det. 21, 1934 Charley New Registrar. | (Signed) ACALEST P Harris M.D. M.D. (Address) Sykesvelle, maryland |
| If more plants are needed address State Registration | N. Charles Comp. P. Linns P. L. Ch. N. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|---|-------------------------------------|---------------|--|---------------|
| The principal cause of importance were as Arteriosclerosis | f death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | 410W 5 1924 | July 5,1927 | Peritonitis | 3 days ago |
| | PHILIPARE V. C. | | | |
| Other contributory ca | uses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

| | STATE O | F MAR | YLAND- | CERTIFICATE OF DEATH | |
|--|-------------------------------------|---------------------------------------|---|--|--|
| 1. PLACE OF I | DEATH WITH | N CORPONI | | (159) | |
| County | Carroll | | Ta Division, | Registration Dist. No. | |
| | | | | No. 312 E. Main St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) | |
| Length of residence | e in city or town where de | | | ds. How long in U.S. if of foreign birth? yrsmos ds. | |
| 2. FULL NAME | Roy Le | roy Du | 11 | | |
| (a) Residence: | No. 312 | E. Ma: (Usual place | | St., Ward. If nonresident give city or town and State | |
| PERSONAL | AND STATISTIC | CAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | COLOR OR RACE White | 5. SINGLE, MAI OR DIVORCE SINGI | RRIED, WIDOWED. | 21. DATE OF DEATH October 25 , 1934 (Month) (Day) (Year) | |
| 5a. If married, widowed, of HUSBAND of (or) WIFE ot | or divorced | | | 22. OI HEREBY CERTIFY That t attended deceased trom | |
| | Oc | tober | 22/1934 | Hast saw h Isra alive on Pet 25 - 35 death Is said | |
| 6. DATE OF BIRTII (mon 7. AGE Years | th, day, and year) Months | Days | If LESS than | to have occurred on the date stated above, at 5 A.m. | |
| | | 3 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 8. Trade, profession | , or particular | | or min. | were as follows: | |
| kind of work SAWYER, BD | done, as SPINNER, DKKEEPER, etc. | | | VEZ | |
| kind of work SAWYER, BD 9. tndustry or busi work was doi SAW MILL, B 10. Date deceased its | ie, as SILK MILL. | | | Finaling Bill | |
| SAW MILL, B | ANK, etc | 11 Total | time (vegre) | Derth | |
| this occupation | n (month and | Sp: | time (years) ent in this cupation | | |
| es aures | Woot | minste | ~ | Other Coutributory Causes ot importance: | |
| 12. BIRTHPLACE (city or (State or country) | | rvland | 1 | | |
| ₩ 13. NAME | Roy M. Dul | | | | |
| 13. NAME 14. BIRTHPLACE (cit | vortown) West | minste | r | Name of operation Date ot | |
| (State or cou | , | ryland | | What test confirmed diagnosis? Was there an autopsy? | |
| 15. MAIDEN NAME | Edith W. | 0 | rmut.h | 23. If death was due to external causes (VIDL ENCE) fill in also the tollowing: | |
| O 16. BIRTHPLACE (cit | v or town) | | | Accident, suicide, or homicide? Date of injury, 19 | |
| ∑ (State or cou | ntry) Ma | ryland | | Where dld injury occur? (Specify gitt or town countries of State) | |
| 17. INFORMANT Mrs. Charles Dull | | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| (Address) Westminster Md. 18. BURIAL, CREMATION, DR REMOVAL | | | | Manualitation | |
| Place Westminster Cembre Oct.25/19 34 | | | | Manner of Injury | |
| 19. UNDERTAKER J. Francis Reese | | | | 24. Was disease or injury In any way related to occupation of deccased? | |
| (Address) | Westminste | I' Ma. | 70 | Hoo, specity W.C. Sermeth | |
| 20. FILED 725 | ,19340 | wo | Registrar | (Signed) (Address) Wisher M. D. | |
| | If more b | lanks are needed. | address State Resistrar | 2417 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy . | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | • | |

of OCCUPA.

Exact statement

properly classified.

| STATE OF MARYLAND | CERTIFICATE OF DEATH 10081 |
|--|--|
| 1. PLACE OF DEATH | (82-a) |
| County Carreall, | Registration Dist. No. 70 |
| Village or City Janey Will | No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds. |
| 2. FULL NAME Learge, K. Duttera | |
| | Ch Ward |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Of 22nd 1934 |
| 53. If married, wildwed, or divorced HUSBAND of My Jane Duttera | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) This 4, 1841 | 1 1 19 19 19 19 19 19 |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 6-131-m, |
| 9.3 6 18 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| R. Trade profession or particular | Date of onset |
| SAWYER, BOOKKEEPER, etc. + ACCOUNTY | Cerevral Hemormage very |
| 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc | /934 |
| 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| (State or country) | arterio selevosos for 10 m. |
| 13. NAME WA WILLIAM | / / |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME OUS MAILE | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? |
| 17. INFORMANT Mas Virgie / Witter (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Clynul Mil Date CC 20, 1934 | Nature of injury |
| 19. UNDERTAKER LOUS JUSSEL SON | 24. Was disease or Injury in any way related to occupation of deceased? |
| (Address) Danillann Me | If so, specify |
| 20. FILED Oct 25, 1934 the Maling Local | (Signed) 6 M. D. M. D. |
| Registrar. | (Address) January 1700 Mg. |

| various pursuits can be known. Make some entreased had retired from business, report the occreturned as at school or at home. For a woma fir answer to Question 8 and own home in answer however, designate the occupation by the appropriate who had no occupation whatever write none. To be complete, an occupation return must a second secon | y in this secupation print whose on to Question printer terms state: kind of we worked state worked followed the such indefinithat, as spine use of su grocery sengineers, etc. word "mechatical merchatical merchatical merchatical merchatical merchatical merchatical word "mechatical merchatical merchanics with the supplier of the | as done. at the occupation. coccupation. te terms as "employee," "worker," "operative," nner, weaver, etc. ch general terms as "store," "factory," "mill," tore, soap factory, cotton mill, etc. y stating the full descriptive titles, as civil eng. Avoid the term "laborer" when atomore precise thanic," but give the exact occupation, as carpent ants and wholesale merchants. A person who | If the de- red may be housewife for wages, or a person etc. Find etc. State gineer, me- statement er, painter, sells goods |
|--|--|--|---|
| Statement of cause of death. Cause of deat | th means th | e disease, injury, or complication which causes dea | th. not the |
| mode of dying, e. g., heart failure, asphyxia, as | thenia, etc. | As principal cause name the disease or injury cau | sing death. |
| As related causes, name earlier morbid condition of the principal cause. Under other contributory ca | ns, if any, r | elated to the principal cause and any important cortance, name other important diseases or injuries. | omplication Framples |
| Example I | daea or mpe | Example II | Examples: |
| •••• | | | |
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | a 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | 200 | |
| | | | |
| Other contributers cause of i | | 0.1 | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| •Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | 2004 | |
| | | | |
| *** | | **** | |
| ADDITIONAL SPACE FO | OR FURTH | ER STATEMENTS BY PHYSICIAN | |
| -a | on remin | bit billimining bi i ili bioini | |
| | | | |
| | | A A A | |
| M. D. | | | |
| oM offi | | th and the second secon | |

| County | | Registration Dist. No. | D |
|--|--------------------------------------|--|-------------------|
| Village or City 111 | Ilmid in | ~,,, | Ward |
| Village of Oity | (If | NO. St., death occurred in a hospital or institution, give its NAME instead of street a | nd number) |
| Length of residence in city or town where death | h occurredyrsmos. | ds. How long in U.S. if of foreign birth?yrs | mosds |
| 2. FULL NAME L. MA | Cler Cons | clar | |
| (a) Residence: No. | | St., Ward. | |
| 1 | (Usual place of abode) | If nonresident give city or town | |
| PERSONAL AND STATISTICA | | MEDICAL CERTIFICATE OF DEATH | 1 |
| SEX 4. COLOR OR BACE 5. | OR DIVORCED (write the word) | 21. DATE OF DEATH | 200 4 |
| mule wares | willower | (Month) (Oay) | (Year) |
| HUSBAND of | weg | 22. I HEREBY CERTIFY, That I attent | ded deceased from |
| minimized Colon Ex | ngear | Ochober 17, 1934, to Oct 18 | |
| DATE OF BIRTH (month, day, and year) | 3c 6 1872 | Hast saw h un alive on Detakes 18, 19 | 34; death is sale |
| AGE Years Months | Days If LESS than | to have occurred on the date stated above, at | |
| 6/10 | 13 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | 1000 |
| 8. Trade, profession, or particular | 66/16 | Coronary Thronetour | 0ate of onso |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | spec some | <u> </u> | |
| 9. Industry or business in which work was done, as SILK MILL, | | | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this precupation (month) and | 11. Total time (years) spent in this | | |
| this occupation (month end year) | spent in this occupation | | |
| BIRTHPLACE (city or town) All | 1 derisa var | Other Coutributory Causes of Importance: | |
| (State or couptry) | A December 1 | | |
| 13. NAME Days (At. | Smalan | | |
| 14. BIRTHPLACE (city or town) Alm | + Wille dear | Name of operation Date of | of |
| (State or country) | 12 0 1 | 10.150 | an autopsy? |
| 15. MAIOEN NAME | an Massell | 23. If death was due to external causes (VIOLENCE) fill in also the follo | wing: |
| 16. BIRTHPLACE (city or town) | Land Mid | Accident, suicide, or homicide? Date of injury | , 19 |
| (State or country) | | Where did injury occur? | ~~~~~~~~~ |
| INFORMANT Margares | Buller | (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC | State) PLACE. |
| (Address) / Chau | windson | | |
| B. BURIAL, CREMATION, OR REMOVAL | Data 1 | Manner of Injury | |
| Place F. A.C. | 0ete | · Nature of injury | |
| UNDERTAKER DANA | mles of | 24. Was disease or injury in any way related to occupation of deceased? | no |
| (Address) News W | and south | If so, specify | |
| 11 2-10 21 | 1. 1- A | (Signed) Ads. | |

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| Example I | |
|---|------------|
| h and related causes Date of onset The principal cause of death and related causes of importance were as follows: | e of onset |
| 1915 Attack of epilepsy 1 1 u | weck ago |
| 4004 B 7 | week ago |
| July 5,1927 Peritonitis 3 d | days ago |
| ON P TOO S | |
| Other contributory causes of importance: | |
| May 1,1923 Gastroenteritis 1 | 1 year |
| | |
| f importance: Other contributory causes of importance: May 1,1923 Gastroenteritis | |

10053

| 1. PLACE | OF DEATH | | | 93-0 | / | |
|--------------------------------------|--|-------------------------------------|--|--|--------------------------|--|
| County Carroll | | | | Registration Dist. No. | 74 | |
| Village or City Sykesville | | No. Springfield State Hospital Ward | | | | |
| | | | 10 | death occurred in a horpital or institution, give its NAME instead of str. 22 ds. How long in U.S. if of foreign birth?yrs. | eet and number) | |
| STREET, STORY | f residence in city or town where | | | | ds. | |
| | NAME Melvin I | | | | 11.0 | |
| (a) Res | sidence: No. 131 Ray | Street (Usual place | , Hagerst | owsa, Maryakand. If nonresident give city or to | 10 | |
| PERS | ONAL AND STATIST | | | MEDICAL CERTIFICATE OF DEA | | |
| 3. SEX | 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | | RIED. WIDOWED. | 21. DATE OF DEATH | | |
| Male | White | Single | D (write the word) | October 20, 1934 | , 193 | |
| 5a. If married, v | f married, widowed, or divorced | | | (Month) (Day) (Year) | | |
| (or) WIFE | | | | 22. I HEREBY CERTIFY, That I attended decaased from January 24, 1934, to October 20, 1934 | | |
| 6. DATE OF BIR | RTH (month, day, and year) ${ m J} { m \it U}$ | ne 16. | 1907 | Hast saw h. im alive on October 20,, 1 | | |
| 7. AGE | Years Months | Days | If LESS than | to have occurred on the date stated above, at 9:30 an. m. | | |
| | 27 4 | 4 | 1 day,hrs. | Tha PRINCIPAL CAUSE OF DEATH and related causes of importan were as follows: | | |
| Z Trade, p | profession, or particular | Inchino | Worker | Chronic Myocarditis | Date of onset Drior | |
| SAV | profession, or particular d of work done, as SPINNER, NYER, BOOKKEEPER, etc. | laciillie | TOTAGE | | to | |
| SAW 9. Industry worl SAV 10. Data da | y or business in which k was done, as SILK MILL, W MILL, BANK, etc | Shoe Fac | torv | | 11/28/3 | |
| O 10. Data da | aceased last worked at | 11. Total i | | | | |
| this year | occupation (month and k 19 | 229 spa | ime (years) nt in this upationUnk. | | | |
| | II. | stown | | Other Contributors Causes of importance: Arthritis Deformans | Prior | |
| | E (city or town) Hagel r country) Marylar | | | | to | |
| 13. NAME | Henry M. Fig | | | | 11/28/33 | |
| 13. NAME | LACE (city or town) Wast | | County | Thame of operation None | ate of | |
| (Sta | ite or country) Mary | and | ODMAIDY | Physics exam. and Lab. find was the work test confirmed diagnosis? | IIGS lara an autopsy?_No | |
| 15. MAIDEN | NAME Sarah Gro | SS | | 23. If death was due to external causes (VIOL ENCE) fill in also the f | | |
| 15. MAIDEN 16. BIRTHP | LACE (city or town) Wash | ington | County | Accident, suicide, or homicide? Date of injury. | | |
| (State or country) Maryland | | Where did Injury occur? | | | | |
| 17. INFORMANT (Address | Springfield Sykesville. | St. Hos | p. (Redor | (Specify city or town, county (Specify city or town, county (Specify whether injury occurred in INDUSTRY, In HOME, or in PUE | and State) BLIC PLACE, | |
| 18. BURIAL, CRE | EMATION, OR REMOVAE | 1 101 | 1 34: | Manner of injury | | |
| Corner. | issono// | Date | 1934 | Natura of injury | | |
| 19. UNDERTAKE | New 7 | Bas | 1 Sou | 24. Was diseasa or injury in any way related to occupation of decea | sed?NO | |
| (Address | | stor | b My | If so, specify | 710 | |
| 20 FILED | 14.20,24 C | Hair | as Week | (Signed) Cohert P Han | M. D. | |
| Zu. FILED.SEE. | 19.5.7 | | Registrar. | (Address) Sykesrelle Zi | is. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | il il | Example II | |
|--|-------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
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| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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| County Carriel THIN | STAROHADO | LIMITE | | Registration | Dist. No. | |
|---|---|-------------------------------|---|---------------------------------------|--|-----------------|
| Village or City Westmin | retu | (16 | No. Charles death occurred in a hospital or institu | | 12 | Wa |
| Langth of residence in city or town where deat | h occurrad | | ds. How long in U.S. if | | | |
| 2. FULL NAME Mary | ann | Fire | lon | | | |
| (a) Residence: No. | | | Ost., Ward. | | | |
| | (Usual place of | | | | give city or town a | |
| PERSONAL AND STATISTIC | | | | ERTIFICATE | OF DEATH | |
| Fernale Black | SINGLE, MARRI OR DIVORCED O OVCANNO | | 21. DATE OF DEATH | Oef, | 1 4 n | , 193 |
| a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Jahn 7'rsl | ry | | 22. I HEREBY | | Y, That I attend | ed deceased fi |
| . DATE OF BIRTH (month, day, and year) | A 10 | 1870 | I last saw h alive on | 1 20 | 13,10 | 4 19 |
| AGE Yaars Months | Days | If LESS than | to have occurred on the data state | | | |
| 60 - | -4 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEA | | | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc | | | acuto Klue | enter | | Date of on |
| | | | Cowhale | 401564 | in tube |) out |
| | | | | J | | |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and year) | 11. Total time spent i occupa | a (years) in this ition | | | | |
| 12. BIRTHPLACE (city or town) Garrall les | | | Other Contributory Causes of Impo | ortance: | | |
| 10. | mot. | | La de locará | e ve e la | lus | |
| 13. NAME a ohn & al | e | | or estreme | Tui. | <u> </u> | |
| 13. NAME John Cole 14. BIRTHPLACE (city or town) (Stata or country) Maryland 15. MAIDEN NAME Chartoff 71 pof 16. BIRTHPLACE (city or town) Carroll Cos (Stata or country) Maryland | | | Name of operation | me | Date of | |
| | | | What test confirmed diagnosis? | linia | _ | |
| | | | What test confirmed diagnosis? Clinical. Was there an au'opsy? 23. If death was dua to axternal causes (VIOLENCE) fill in also the following: | | | |
| | | | Accident, suicide, or homicide? | | | |
| | | | Whera did Injury occur? | | | |
| 7. INFORMANT Haward 7. (Addrass) Wistnesset | risky | | Specify whether injury occurred in | (Specify city or n INDUSTRY, in HO | town, county and S ME, or in PUBLIC I | tale) PLACE. |
| 8. BURIAL, CREMATION, OR REMOVAL | , | | Manner of injury | | | |
| Placa Elsworth | Data LOCK | 18,19.34 | Nature of Injury | | | |
| 9. UNDERTAKER A Banhar (Address) Waldminste | df son | | 24. Was disease or injury In any w | ay related to occupa | tion of deceasad? | س |
| 0. FILED 1 8/17 1982P Ad | Iwo | often | (Signed) | ulu | usle | se M |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenterilis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

V. S. No. 1

| 1. PLACE OF DEATH County |
|--|
| Village or City. Village or City. Length of residence in city or Lown where death occurred. Vis. Length of residence in city or Lown where death occurred. Vis. Ward. (a) Residence: No. (b) Ward. (b) Ward. (c) Residence: No. (c) Ward. (d) Residence: No. (d) Ward. (e) PERSONAL AND STATISTICAL PARTICULARS J. SEX (e) PERSONAL AND STATISTICAL PARTICULARS J. COLOR OF RACE S. SINGLA MARRIED, WIDOWED, OR DIVORCED (winte the word) OR DIVORCED (winte the word) So. If married, widowed, or divorced with the word of the w |
| Langth of residence in city of lown where death occurred |
| Length of residence in city of Lown where death occurredyrsmosds. 2. FULL NAME (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Sprint the word) Sa. If married, widowed, or divorced HUSSAND of Corp. Wife of William of Corp. Wife of Corp. William |
| (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE OR DIVORCED ("printe the word) 5a. If married, widowed, or divorced (Month) Days If LESS than 1 days |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 14. COLOR OR RACE OR DIVORCED (white the word) 5a. If married, widowed, or divorced HUSBAND-of- (or) WIFE of 6. DATE OF BIRTH (month, day and year) 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, SAW MILL, BANK, etc. 9. Jindustry or business in which work done, as SPINNER, SAW FIRL, BOKKEEPER, etc. 9. Jindustry or business in which work done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 14. BIRTHPLACE (city or town). 15. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word) 16. DATE OF DEATH 17. AGE 18. Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, SAW MILL, BANK, etc. 19. Jindustry or business in which with was done as SPINNER, Solventh and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) Name of operation. Name of operation. Name of operation. What test confirmed diagnosis?. Was there an autopsy? What test confirmed diagnosis?. Was there an autopsy? What test confirmed diagnosis?. Was there an autopsy? |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 14. COLOR OR RACE OR DIVORCED (winite the word) 55. If married, widoward, or divorced HUSBAND or - (or) WIFE of 6. DATE OF BIRTH (month, day and year) 7. ACE Years Months Days If LESS than 1 day, |
| 3. SEX A. COLOR OR RACE OR DIVORCED (printe the word) 5a. If married, widowed, or divoyced HUSBAND-ord (or) WIFE of 5. DATE OF BIRTH (month, day) and year) 7. AGE Years Months Days If LESS than Idgy, If LESS than Idgy, If LESS than Ins. Ord If LESS than Ins. Ord If LESS than Ins. Ord Ins. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (Stafe or country) 12. BIRTHPLACE (city or town) (Stafe or country) Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy? Name of operation. What test confirmed diagnosis? Was there an autopsy? |
| Se. If married, widowed, or divorced HUSBAND of Cory WIFE of Cory WIFE of Samuel Cory WIFE of Cory WIFE of Samuel Corp WIFE of |
| HUSBAND-OF (or) WIFE of (or) |
| 7. AGE Years Months Days If LESS than I day, hrs. or min Of Market Cause of Importance were as follows: Note that the principal Cause of Death and related causes of Importance were as follows: Of Market Cause of Death and related causes of Importance were as follows: Of Market Cause of Death and related causes of Importance were as follows: Of Market Cause of Death and related causes of Importance were as follows: Of Market Cause of Death and related causes of Importance were as follows: Of Market Cause of Death and related causes of Importance were as follows: Of Market Cause of Death and related causes of Importance were as follows: Of Market Cause of Importance of Importance: Of Market Cause of Importance: Other Contributory Causes of Importance of Importance: Other Contributory Causes of Importance of Importanc |
| State or country |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diagnosis? Was there an autopsy? Name |
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| 12. BIRTHPLACE (city or town) Man Male Male Male Male Male Male Male Male |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopsy? Name of operation What test confirmed diagnosis? Was there an autopsy? |
| (State of country) What test confirmed diagnosis? Was there an autopsy? No |
| (State of country) What test confirmed diagnosis? Was there an autopsy? No |
| 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN N |
| 16. BIRTHPLACE (city or town) Jungson Mills M. Accident, suicide, or homicide? Date of injury 19 19 |
| (State or country) Whore did injury occur? |
| 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL) Manner of injury |
| Place to receive Cent. Date John J. b. 493 9 Nature of Injury |
| 19. UNDERTAKER 24. Was disease or Injury In any way related to occupation of deceased? NO (Address) |
| 20. File of 16 134 Orace Berediel (Signed) Meller Grand M. D. |
| Registrar. (Address) Must fu finder mil |

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 140V 5 1624 | | | 10 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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| ADDITIONAL SPACE | E FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-------|---------|------------|----|-----------|
|------------------|-------|---------|------------|----|-----------|

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| 1. PLACE OF DEATH | 'F MAKILAND | CERTIFICATE OF DEATH | |
|--|--|--|-----------|
| County Carroll | | (181) | |
| | | Registration Dist. No. | |
| Village or City Links burg | (I | NoSt., death occurred in a horpital or institution, give its NAME instead of street and number) | Ward |
| Length of residence in city or town where d | eath occurred 63 yrsmos | ds. How long in U.S. If of foreign birth?yrsmos | ds. |
| 2. FULL NAME John | Gagnert | | |
| (a) Residence: No | | St. Ward. | |
| (a) hours not | (Usual place of abode) | If nonresident give city or town and State | |
| PERSONAL AND STATISTI | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE | 5. 5INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Jee) | C |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | 22. HER/EBY CERTIFY, that y ettended deceased | d from |
| 6. DATE OF BIRTH (month, day, and year) | an 15. 1837 | I last saw have alive on a first first saw have alive on a first saw have a live on a first saw have have a first saw have have a first saw ha | |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stated above, at | is said |
| 83 9 | / \(\day, \ | The PRINCIPAL CAUSE OF DEATH end related causes of Importance | |
| 8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | aborer | were as follows: Data of Least Data of | 910t |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | | |
| 1D. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spant in this occupation | | |
| 12. BIRTHPLACE (city or town) | anu | Other Contributory Causes of importance: | WX 3/2 |
| W 13. NAME Troj Know | n O | | 1.C |
| 13. NAME To Know 14. BIRTHPLACE (city or town) (State or country) | | Name of operation | X |
| | | What test confirmed diagnosis? Was there an au'opsy?_ | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | | 23. If deeth was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? Uthers did by the second of t | |
| 17. INFORMANT GROUGH She (Address) Hungelbur | ringman | Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, DR REMOVAL | 1 6 V 22 34 | Manner of injury | * * * • • |
| Placet snksburg 6 lm; | Date 1001 8 8 , 1934 | Nature of injury | |
| 19. UNDERTAKER A Samewas (Address) Mashmins Te | Your | 24. Was disease or injury In any way related to occupation of deceased? | |
| 20. FILED 2 2 19 84 2 | Maron. | (Signed) Signed | W.D. |

Registrar.

(Address)

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| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

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| LY, WITH UNFADING INK- | carefully supplied. AGE shou | TH in plain terms, so that it ma | portant. See instructions on back |
| AINLY, WITH UNFADING INK- | d be carefully supplied. AGE shou | DEATH in plain terms, so that it ma | r important. See instructions on back |
| PLAINLY, WITH UNFADING INK- | hould be carefully supplied. AGE shou | OF DEATH in plain terms, so that it ma | very important. See instructions on back |
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS-should state | AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | ION is very important. See instructions on back of certificate. |

| 1. | PLACI | E OF DEA | | I MAK | ILAND | CERTIFICATE OF DEATH | 0000 | | |
|--|------------------|---|--|--------------|---|--|------------------|--|--|
| County Garroll | | | | | | Registration Dist. No. | 3 | | |
| Village of City Hoods Mill, R.F.D. Wood | | | | | _ (If | | d number) | | |
| • | | | | | | | | | |
| 2. | | | Lillian | | | The state of the s | | | |
| | (a) Re | sidence: No. | | (Usual place | Iill, Md. | St., Ward. If nonresident give city or town as | nd State | | |
| | PERS | SONAL A | ND STATIST | | | MEDICAL CERTIFICATE OF DEATH | | | |
| 3. Si | Fema | | or or race | OR DIVORCE | RRIED, WIDOWED, D (write the word) ngle | 21. DATE OF DEATH October - 3 - | 193 | | |
| 5a, 1 | f merried. | widowed, or di | | | | | (Year) | | |
| | (or) WIFE | of | | | | 22. I HEREBY CERTIFY, Thet I attanda | | | |
| 6 D | ATE OF RI | RTH (month d | ay, and year) 7 C | 34-5-3 | | Sept. 30., 19.34, to Oct. 3 | | | |
| 7. A | | Years | Months | Days | If LESS than I day,hrs. ormin. | to have occurred on the date stated above, and 300 mm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware es follows: | 3411 | | |
| 5 | 8. Trade, kin | profession, or d of work done | particular e, as SPINNER, EPER, etc. | | 1 VI SHIIIs | Gastro Enteritis Toxemia | Date of on 9/12/ | | |
| OCCUPATION | 9. Industr | WYER, BODKKI ry or business rk was done, es W MILŁ, BANK | EPER, etc In which SIEK MILL. | None- | | TOXONIA | 9/1 | | |
| | | W MILL, BANK leceased last w | | l 11 Total 6 | lima (varra) | | | | |
| 5 | this | s occupation (m | onth and | Spe | time (years) Int in this Upation | | | | |
| 12. 1 | BIRTHPLAC | |) Carro Mary | ll Co., | | Dther Contributory Causes of Importance: | | | |
| E | 13. NAME | W | illiam | | rell | | | | |
| FATHER | | PLACE (city or ate or country) | town) Cari | roll Co. | | Name of operation 2009. Date of | | | |
| = | | - | 2427.03 | | | What test confirmed diegnosis? Was there an autopsy? | | | |
| 15. MAIDEN NAME Olive C. Shane, 16. BIRTHPLACE (city or town) Carroll Co., | | | | | | 23. If death was due to external causes (VIDL ENCE) fill in also the following | | | |
| 2 | | PLACE (city or ate or country) | | | 2.3 | Accident, suicide, or homicide? Date of Injury Where did Injury occur? | , 19 | | |
| 17. INFORMANT Wm.J.B.Gartrell | | | | | | (Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC f | tate) PLACE. | | |
| (Address) R. F. D. Woodbine, Md. 18. BURIAL, CREMATION, DR REMOVAL | | | | | A-1 | Manner of Injury . There | | | |
| planorgan Chapel Cemate Oct. 4, 134. | | | | | t.4, ,134. | Nature of injury | | | |
| 19. UNDERTAKER O. M. Maltz. (Address) Kinduld Mid. | | | | | | 24. Was disease or injury in any way related to occupation of deceased? | | | |
| 20. F | ILED OC | 44 | , 1934 au | 2. M. A | Lewell Registrar. | (Signed) O' Skauly Grabell (Address) Milling | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| STATE OF | MARYLAND-CERTIFICATE | OF | DEATH |
|----------|----------------------|----|-------|
| | | | |

| 1 | . PLACE OF | DEATH |) WI/ (IX | LAND | (3) | 0009 |
|------------|--|--|------------------------------|---------------------------------------|--|-----------------|
| | CountyC | arroll | | | Registration Dist. No. | 3 |
| | | near Gist | 7 | (H | One of the state o | |
| | . FULL NAM | E Tresa A | .Gates. | | | |
| | | : No. | | fist, Md. | St., Ward. If nonresident give city or town and | State |
| | PERSONA | L AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. | Female | White | 5. SINGLE, MAR OR DIVORCE | RIED, WIDOWED, D (write the word) LOW | 21. DATE OF DEATH October - 19 - | , 193 |
| 5a. | If married, widowed HUSBAND of (or) WIFE of 18 | or divorced ate Isiah | Gaţes, | | 22. I HEREBY CERTIFY, Thet I ettended Navel 3rd, 19 4, to Och 12 d | |
| 6. | DATE OF BIRTH (me | onth, day, end yeer) 18 | 54-5-16 | | I lest saw h. 27 elive on Co et 12 4 , 19 3 4 | ; deeth is said |
| 7. | AGE Years | Months 5 | Days 3 | If LESS than 1 dey,hrs. ormin. | to heve occurred on the dete steted above, et. 4 | Date otonsst |
| OCCUPATION | 9. Industry or bus work was do SAW MILL, | one, es SiLK MILL, BANK, etc lest worked et tion (month and | None | ime (ýears) nt in this upetion | Chrome Interstekal Rephritis + Chrome Endo « or ditis | 2 y Ear |
| 12. | BIRTHPLACE (city of Country Co | | mery Co. | | Other Contributory Causes of Importance: | - |
| ER | 13. NAME | Richard T | homas | | | - |
| FATHER | 14. BIRTHPLACE (c | ,, | gomery (| Co. | Neme of operation Dete of Whet test confirmed diagnosis? Was there an a | |
| IER | 15. MAIDEN NAME | Mary M. | Bean, | | 23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following | |
| MOTHER | 16. BIRTHPLACE (c | | tgomery ryland. | Co. | Accident, suicide, or homicide? Dete of injury Where did injury occur? | , 19 |
| 17. | INFORMANI | Mrs.Ernest .F.D.Sykes | | 1. | (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL | e) ACE. |
| 18. | BURIAL, CREMATIO | N, OR REMOVAL | Dete Oct | 21 11 ,19 34 | Menner of injury | |
| 19. | UNDERTAKER(Address) | Lo. M. St. | altz, | f | 24. Wes diseese or injury in eny wey related to occupetion of deceesed? | Tro |
| 20. | FILED QC/-20 | , 1934 au | a M. Th | ewell Registrar. | (Signed) (Address) Zun Win/clase | M.D. |
| | | If more | blanks are needed, | address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | ji | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| 1. PLACE OF DEATH | CERTIFICATE OF DEATH |
|--|---|
| County Carroll | Registration Dist. No. |
| Village or City Lykesville | No. Shringfield state Hospital St., Ward f death occurred in a Morbital or institution, give its NAME instead of street and number) |
| 0, 0, 0 | s9ds. · How long in U. S. if of foreign birth?yrsds. |
| 2. FULL NAME Grank Graham | Paralesta & md |
| (a) Residence: No. 908 Lafayette Que. (Usual place of abode) | St., If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Nale Strike 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Massied | 21. DATE OF DEATH October /4-4, 193.4 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced Methie Horris (or) WIFE of Methie Horris | 22. I HEREBY CERTIFY. That I attended deceased from July 255, 1934, to October 142, 1934 |
| 6. DATE OF BIRTH (month, day, and year) June 20 = 1897 | 1 last saw har alive on October 14 = 1934 : death is said |
| 7. AGE Yeers Months Deys If LESS than | to heve occurred on the dete steted above, at 12, 50 Pm. |
| 37 3 24 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end releted causes of importence |
| 8. Trade profession or particular 7. | Unite of one of |
| kind of work done, es SPINNER, Machinist SAWYER, BOOKKEEPER, etc. | General Paralysis of the 1932 |
| kind of work done, es SPINNER, Machinial SAWYER, BOOKKEPER, etc. D. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Deta decessed lest worked at Muchinian 11. Total time (years) / Syurian 12. Total time (years) / Syurian 13. Total time (years) / Syurian 12. Total time (years) / Syurian 13. Total time (years) / Syurian 14. Total time (years) / Syurian 15. Total time (years) / Syurian 16. Total time (years) / Syurian 17. Total time (years) / Syurian 18. Total time (years) / Syurian 19. Total time (| Insane. |
| 10. Oeta decesed lest worked at) which 11. Total time (years) / Sugar | |
| 11. Total time (years) / Sycar spart in this occupation (month and 193 spart in this occupation) | • |
| 12. BIRTHPLACE (city or town) Martineburg. | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Marchy vary (Stata or country) Mest Vorginia | |
| 13. NAME Walter Graham | |
| 13. NAME Walter Graham 14. BIRTHPLACE (city or town) Luturom | Neme of operation |
| (State or country) Wear Virginia | Neme of operation former and taburatory fundings. What test confirmed diagnosis Was there en adopsy? he |
| 15. MAIDEN NAME mollie nicho demus | 23. If deeth was dua to external causes (VIOLENCE) fill in elso tha following: |
| 15. MAIOEN NAME Wollie Micho demus 16. BIRTHPLACE (city or town) Mest Vinginia | Accident, suicida, or homicida? Oate of Injury 19 |
| E (Stata or country) West Virginia | Where did Injury occur? |
| 17. INFORMANT Springfield State Avapital (Barrels) (Address) Superalle md. | (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18 AURIAL, CREMATION, OR REMOVAL Med Oata Del. 16, 1934 | Menner of Injury |
| 19. UNOERTAKER Louis Stein Inc. (Address) Chillerland W. | 24. Wes diseese or injury in eny wey related to occupetion of deceesed? No- |
| 20. FILEO Del. 14, 1934 Atary Here Registrar. | (Signed) from h. Morris M. (Address) (S.S.N.) Superville. Md |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | uses of impo | ortance, name other important diseases or injuries. Example II | Examples: |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 wcek ago |
| Chronic interstitial nephritis | 1921 | Run over by strect car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| Additional space f | OR FURTH | ER STATEMENTS BY PHYSICIAN | |

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

| STATE OF MARYLAND | -CERTIFICATE OF DEATH 10091 |
|--|--|
| 1. PLACE OF DEATH | 920 |
| County Carroll. | Registration Dist. No. 74 |
| Village or CitSpringfield State Hospita | Off death occurred in a horpital nr institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrs | (If death occurred in a hospital nr institution, give its NAME instead of street and number) nos |
| 2. FULL NAME George D.Grimes. | The state of the s |
| (a) Residence: Np. Flohrville, Carroll 60 (Usual place of abode) | MdSt., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Male. 4. COLOR OR RACE OR DIVORCED (write the word) Married. | 21. DATE OF DEATH October 3, (Day) (Yaar) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of Louise Umbaugh. | 22. I HEREBY CERTIFY. That I attended deceased from August 25, 19 34, to October 3, 1934. |
| A DITT OF DIDTH (| lest saw h im alive on October 3, 1934; death is said |
| 6. DATE OF BIRTH (month, day, and yeer) Jan. 27, 1904. 7. AGE Years Months Days If LESS than | 2 00 |
| 30. 8. 6 1day,h | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trede, profession, or particular | were as follows: Chronic Mastoiditis and |
| 8. Trede, profession, or particular kind of work done, as SPINNER, Hospital SAWYER, BDDKKEEPER, etc | Chronic Otitis Media. 3 yrs.ago |
| kind of work done, as SPINNER, Hospital SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Attendent. SAW MILL, BANK, etc. 10. Date deceased last worked at this properties (greats) | |
| 10. Date deceased last worked at this occupation (month and Aug. 34 spant in this occupation 9 | |
| 12. BIRTHPLACE (city or town) (State or country) Maryland. | Diffuse Cerebellar |
| 13. NAME William K Grimes | Meningitis. 8 days ago. |
| 14. BIRTHPLACE (city or town) | Mastoidectomy 8/28/34 Name of operationCraniotomy Date of 9/29/34 |
| Wary Land | What test confirmed diagnost And Autopsy has mere an autopsy Yes |
| 15. MAIDEN NAME Sarah Williams. | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME Sarah Williams. 16. BIRTHPLACE (city or town) Baltimore, | Accident, suicide, or homicide? Date of Injury, 19 |
| (State of County) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Mrs. Wm. K. Grimes, (Address) Sykesville, Md., R.F.D. "2. | Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL | Manner of Injury |
| Placefarmony Grove Covers Oct. 5, ,193 | Nature of injury |
| 19. UNDERTAKER O. M. Walts | 24. Was disease or injury In any way releted to occupetion of deceesed? NO. |
| (Address), Kinfield, Mid, | (Signed) Harry F. Baer M.D. |
| 20. FILED Selv. 4, 1934 Chany Heer | |
| Registrar. | (Address) Sykesville, Md. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | | Example II | |
|-----------|---------------|--|--|
| ed causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| -1934= | 1915 | Attack of epilepsy | 1 week ago |
| | 1921 | Run over by street car | 1 week ago |
| U V. S. | July 5,1927 | Peritonitis . | 3 days ago |
| | | | |
| ce: | | Other contributory causes of importance: | |
| | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | ted causes | 1915 1921 July5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

V. S. No. 1 N. B.—

| 4 81 405 | | ATE O | | | CERTIFICATE OF DEATH 10 | 032 |
|---|---|------------------|-----------------|--------------------------------------|---|-----------------|
| | OF DEATH | | Mex | Colored | Branch 22 | |
| | Carroll | | 363 | 0010104 | Registration Dist. No. | |
| Village or | city Henr | yton, | Md. | | No. (above) st., | Ward |
| N . | residance In city o | | | yrs. 7 mos | death occurred in a hospital or institution, give its NAME instead of street and 5ds. How long in U.S. if of foreign birth? | number) |
| | AME Vir | | | | | |
| (a) Resid | lence: No. 21 | 1 S. C | | | ltimore, wid. | |
| | | | (Usual place | | If nonresident give city or town an | d State |
| | NAL AND | | | | MEDICAL CERTIFICATE OF DEATH | |
| Female | 4. COLOR O | | | RIED, WIDOWED, D (write the word) Le | 21. DATE OF DEATH Oct., 26, 1934 (Month) (Day) | ., 193(Yaar) |
| 5a. If married, wid HUSBAND of | lowed, or divorced | | | | | |
| (or) WIFE of | | | | | 22. HEREBY CERTIFY, That I attanded | |
| | | Α. | | 3.00 - | March 21, 1934 ₁₉ , toOct., 26, 1934 ₉ | |
| 6. DATE OF BIRT | | | pril 11 | | | ; death is said |
| *************************************** | Years | Months | Days | If LESS than | to have occurred on the date stated above, at 12.50m. P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| | 18 | 6 | 15 | ormin. | wera as follows: | Dete al onset |
| 8. Trade, pro | ofession, or partic | ular SPINNER. | Domest: | | wera as follows: Pulmonary Tuberculosis | - |
| SAWY | of work done, as S ER, BOOKKEEPER | | Domest. | 1.0 | | |
| work work | or business in wh was done, as SILK MILL, BANK, etc | MILL, | Unknow | Wil | | Apri |
| is 10 hate door | Sand land market | -4 | 11 Total t | Ima (vasre) | - | 1933 |
| | ccupation (month | and Unkno | OWI Spe | nt in this Unknoupation | R-N | |
| | | Bambe | erg | | Other Coutributory Causes of Importance: | |
| 12. BIRTHPLACE (Stata or c | | South | erg i Carol: | ina | - | |
| 1 | | | Grimes | | | |
| Ξ | | Ramhe | | | | |
| 14. BIRTHPLA | CE (city or town) or country) | | Carol | ina | Name of oparation | 11 |
| | | | Brabha | | What test confirmed diegnosis? Was thera an | |
| E | | Rombe | | ALILA | 23. If death was due to external causes (VIOL ENCE) fill In also the following | • |
| O 16. BIRTHPLA | CE (city or town) | | Tarol: | | Accident, suicide, or homicide? Dete of injury | , 19 |
| - I (State | | | | | Where did Injury occur? (Specify city or town, county and Ste | ate) |
| 17. INFORMANT (Address) | John E Henryt | on, Mc | eill, M. | . D. | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PI | ACE. |
| 18. BURIAL, CREM | | | 4 40 4 | 1-11 21 | Manner of injury | |
| Placa T | My VI | Mus | Data | 261.1934 | Nature of Injury | |
| 19. UNDERTAKER (Address) | Visas | ices | Litte | meley | 24. Wes disease or injury in any way related to occupation of deceased? | Uo. |
| | 100 100 | () | O D | 71. | If so, specify (Signed) | ell |
| 20. FILED TO | /26/34 | Denut | Local | mede ! | 1 11 - | TU. |
| 1 | | nopulos | Tocal | Registrar. | (Address) | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 100 | | | |
| Other contributory causes of importance: | LA | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1 m should state

of OCCUPA-

| - | PLACE OF DEA. | In | | |
|------------|---|---|---------------|--|
| | County a | noll | | |
| | Village or City | Yours | stead | / |
| | Length of residence in cit | ty or town where d | eath occurred | 30 vs - |
| 2. | FULL NAME | Elvei | fu 1 | n He |
| | (a) Residence: Np. | | | 4 |
| | | | | ce of abode) |
| | PERSONAL AN | D STATISTI | CAL PAR | TICULARS |
| 3. S | 04 | r or race leite | OR DIVOR | ARRIED, WIDOWED, CED (write the word) |
| 5a, I | If married, widowed, or divo HUSBAND of (or) WHE of | Pen 7 | Karin | es |
| 6. D | ATE OF BIRTH (month, day | , end year) | Stem | he/28 18 |
| 7. A | GE Years | Months | Deys | If LESS than |
| OCCUPATION | 8. Trade, profession, or pakind of work done, SAWYER, BDOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e 10. Date deceased last wor this occupation (monyear) | as SPINNER, PER, etc which ILK MILL, tc | S | Itime (years) pent in this coupation |
| 12. 1 | BIRTHPLACE (city or town). (State or country) | ma | u las | d |
| - | 13. NAME LSS 14. BIRTHPLACE (city or to (State or country) | wn La | gling | ad |
| MOTHER | 16. BIRTHPLACE (city or to | gobeth Ma | Hof | pl |
| 17. 1 | (State or country) NFORMANT Euce (Address) J Yau | A Ha | uglan ugl | nd. |
| 18. E | BURIAL, CREMATION, OR KI | Olivete | 4Date Ge | £30 193 |
| 19. t | INDERTAKER (Address) | W O | Life | au 1 |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| St.,Ward. | | I give city or town | |
|--|------------------------------------|--------------------------------|-------------------------|
| | CERTIFICAT | E OF DEATH | 1 |
| 21. DATE OF DEAT | (Month) | 28 (Day) | , 193 / (Year) |
| 22. SELLIHERE 1 last sew h alive on to have occurred on the date | and 27 | 19.3 | 1935, 1935 |
| The PRINCIPAL CAUSE OF I | DEATH and related cau | ses of Importance | Data ol onset |
| Coreno | a of 2 | iver | 377 |
| Other Contributory Causes of | | wer | 377 |
| Other Contributory Causes of | | | |
| Other Coutributory Causes of | Importance: | Date o | |
| Other Contributory Causes of Name of operation | Importance: | Date o | an autopsy2/20 |
| Other Contributory Causes of Name of operation | Importance: 1 causes (VIOLENCE) (| Date of Date of Date of injury | on autopsy2/20 ving: |

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9.—The industry or business in which the work was done.

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| Example 1 | | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. F. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

1. PLACE OF DEATH

| rh i Sicians act statement | | ce: No. 145 N. I | (Usual place | of abode) | If nonresident give city or town and | State | |
|---|--|--|--------------------------------|--------------------------------------|---|---------------|--|
| Ex. | PERSON 3. SEX Female | 4. COLOR OR RACE Colored | 5. SINGLE, MARI OR DIVORCEI | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH October 18, 1934 | , 193. | |
| assified. | 5a. If married, widow HUSBAND of (or) WIFE of | ed, or divorced | Marri ley Harr | | (Month) (Day) 22. I HEREBY CERTIFY, That I attended Sept., 5, 1934, 19, to Oct., 18, | | |
| be stated E.A. be properly cl of certificate. | 6. DATE OF BIRTH (7. AGE Year 24 8. Trade, profes kind of we sawyer | rs Months | Feb., 3, Days 15 Housewi | If LESS than 1 day,hrs. ormin. | 0-4 70 7074 | Date of onset | |
| t it may on back | 9, Industry or I work was SAW MIL | ousiness in which done, as SILK MILL, L, BANK, etc | ocau | ime (years) nt in thisUnkno | Other Contributary Canses of importance: | March 1934 | |
| supplied. AGI n terms, so tha ee instructions | 12. BIRTHPLACE (cit (Stata or coun | try) Virg | ort News inia ander Wh | | | | |
| sur in to See | 14. BIRTHPLACE (State or | country) Nort | abeth Ci h Caroli | na | Nama of operation | 71. | |
| in in | 15. MAIDEN NAI | (city or town) Newpoontry) Virg | | | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? | | |
| OF D very | 17. INFORMANT(Address) 18. BURIAL, CREMAT Place | ohn E. O'N lenryton, M lon of REMOVAL Lity Mary | d. | D. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL Manner of Injury Nature of Injury | ACE. | |
| CAUSE TION is | 19. UNDERTAKER (Address) 20. FILED 10/1 | Brances C. | Aktema L. C. C. Local | ley. Paell Registrar | 24. Was diseasa or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address) | Mo. | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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|--|---------------|--|------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUPPAH V s | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 1 |
| | | | |

certificate.

See instructions on back of

LION

19. UNDERTAKER

(Address)

V. S. No. 1

ä ż

| 1. PLACE OF DEATH | | (82:0) | |
|--|--|--|---------------|
| County angel | | Registration Dist. No. 29 | |
| Village or City Dela | | No. St., if death occurred in a horpital or institution, give its NAME instead of street and n | |
| 2. FULL NAME 1 | . 01 | ds. How long In U.S. if of foreign birth?yrsmo | sqs. |
| (a) Residence: No. | (Usual place of abode) | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND STATIST | TICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| s. SEX 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | , 193(Yeer) |
| o. If merried, widowed, or divorced HUSBAND of (or) WIFE of | Farlinan | 22. I HEREBY CERTIFY, Thet I attended | deceased from |
| DATE OF BIRTH (month, dey, and year) | ws. 7, 18705 | I lest saw h in eliva on Oct. 12 193x | daeth is sel |
| AGE Years Mogths | Days If LESS then | to have occurred on the data stated above, et LOGET. | |
| 69 0 | 5 — 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related ceuses of importance | |
| 8. Trade, profession, or perticular | ormin. | were as follows: | Date of onse |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Munsler | Perelual hemorrhage | Ren |
| kind of work done, as SPINNER SAWYER, BOOKKEPER, etc | | Comment of the commen | 193 |
| 10. Deta deceased last worked at this occupation month and 9 3 | 11. Total time (yeers) spent in this occupetion | | |
| | | Other Contributory Causes of Importence: | |
| 2. BIRTHPLACE (city or town) | ~~~ | | |
| 13. NAME JCO - JC | erlanaw | | |
| 14. BIRTHPLACE (city or town) | | Name of operation Dete of | |
| 1 (State of country) | and a | Whet test confirmed diegnosis? Wes there an a | u¹opsy? |
| 15. MAIDEN NAME Land | ell Durboran | 23. If deeth was dua to extarnel ceuses (VIOLENCE) fill in elso the following | : |
| 16. BIRTHPLACE (city or town) | | Accident, suicida, or homicide? Dete of Injury | , 19 |
| (Steta or country) | ma | Where did injury occur? | |
| 7. INFORMANT Man Essen (Address) | Town Tud. | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | |
| 8. BURIAL CREMATION, OR REMOVAL | 0 0 1 1 - 11 | Manner of Injury | |
| Plane tellestoner 1 | 9, Date Oct W 1934 | Nature of injury | |
| 11000 | | nature of injury | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address) __

24. Wes diseaso or injury in any wey releted to occupetion of deceesed?_____

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1

of OCCUPA-

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 1000 | E. F |
|--|--|---------------|
| 1. PLACE OF DEATH | 82-0 | |
| County Carrall | Registration Dist. No. | Carrie . |
| Village or City Le Receille | Now breugheld State Nowhe | Ta Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and not see that the second of seco | |
| 4 11 | s. 25 ds. How long in U.S. If of foreign birth?yrsmos | sds. |
| 2. FULL NAME Ada T. Hayes | Ragin | |
| (a) Residence: No. (Usual place of abode) | St., Ward. Wel ler Ka | |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give eity or town and S MEDICAL CERTIFICATE OF DEATH | otate* |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| OR DIVORCED (write the word) | October 6 | 193.4 |
| Sa. If marriad, widowad, or divorced | (Month) (Day) | (Year) |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended d | eceased from |
| 1870 1 | 081 27 ,1927, to Det 6 | , 19 J |
| 6. DATE OF BIRTH (month, day, and year) lluberrown | I last saw hell alive on 19.24 | death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs, | to have occurred on the data stated above, at | |
| peaced 6 4 or min. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: | Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. | A | |
| SAWYER, BDOKKEEPER, etc. 9. industry or business in which | Webral Demorkhaga | 10-1-3 |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | |
| 10. Date deceased last worked at this occupation (month and spent in this | | |
| yaar) occupation | Other Contributory Causes of importance: | ~~~~~~~ |
| 12. BIRTHPLACE (city or town) of the beauty | A | |
| (State or country) o encusylamina | Quadutional Kelanskelia | 1926 |
| 13. NAME Curice Layear | 4 | |
| 13. NAME Eurice Laglar 14. BIRTHPLACE (city or town) - Sucherpro- | Name of operation Date of | |
| (State of country) remesquares | What test confirmed diagnosis? Was there an au | lopsy? |
| 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| 0 16. BIRTHPLACE (city or town) Mukeur was | Accident, suicida, or homicide? Data of injury | , 19 |
| (State or country) lundywacea | Whare did injury occur? (Specify city or town, county and State) | |
| 17. INFORMANT Agefutal Tecakdo. | Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE | ĆE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| Center Many Ind. Date W. 7, 1934 | Nature of injury | |
| 19. UNDERTAKER HERE & LOYS DEC. | 24. Was diseasa or injury In any way related to occupation of dageased? | |
| (Address) Sinceville md, | If so, specify. | |
| 20. FILED Del. 7, 1934 QHacey New Registrer. | (Signad) Mays M. Cles. | M. D. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | , |

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BLINEAU V.S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1

Μ̈.

should state

19. UNDERTAKER

(Address)

| STATE OF MARYLAND | -CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (83) |
| County CARROLL | Registration Dist. No. 74 |
| | RINGELELD STATE HOSPITAL |
| | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred $Q_{}$ yrs. $Q_{}$ | mos. 65 ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME HELEN C. HOOVER | |
| (a) Residence: No. Salisbury, Md., Box 5 (Usual place of abode) | L7 St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | 193 4 |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| October 2 1004 | Sept. 11, 1934, to Oct. 4, 1934 |
| 6. DATE OF BIRTH (month, day, end yeer) October 8, 1904 | I last saw h. er alive on October 4, 19 34; death is said |
| 1 day h | The state of the s |
| 29 11 26 ormin. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc None | General Paralysis of the 1920 |
| kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, etc | |
| 10. Date decesed last worked at this occupetion (month and year) occupation occupation | |
| 12. BIRTHPLACE (city or town) Walland, Tenn. (Stete or country) | Other Contributory Canoes of importance: |
| 13. NAME William S. Hoover | |
| 14. BIRTHPLACE (city or town) (State or country) Virginia | Name of operation. Date of |
| T17 4 1 L1- O 11- | 23. If death wes due to external causes (VIOLENCE) fill In also the following: |
| 15. MAIDEN NAME Elizabeth Orebaugh 16. BIRTHPLACE (city or town) Virginia (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Hosp. Records, Address) S. S. Hosp., Sykesville, N | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. SURIAL CREMATION, OR REMOVAL | Manner of injury |
| Tables Date Date Olly 6 190 | Nature of injury |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

if so, specify

(Signed)

24. Was disease or injury in any way related to occupation of deceased? Mo

(Address) S.S. Hospy Sylverville, Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | i i | Example II | | |
|--|---------------|--|-----------------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago 3 days ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | | |
| BUREAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

PHYSICIANS should state of OCCUPA, UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement

FOR BINDING

ARGIN RESERVED

stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

| County | Ho | 9 9 | (Md. T | uberculos olored B | | 141 3 |
|---|---|---|------------------------------------|--|--|-----------------|
| | or City | | death occurred | | No. St., f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foraign birth? yrs. m | |
| 2. FULL. (a) Re | | | Johnson lmor St (Usualplace | • • | Balto., Md.) St., Ward. If nonresident give city or town and | d State |
| PERS | SONAL AN | D STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| s. sex Female | | r or race ored | | RIED, WIDOWED, D (write tha word) ed | 21. DATE OF DEATH t. 6, 1934. | ., 193(Yaar) |
| 5a. If married, HUSBAND (or) WIFE | widowed, or divo of of | Melvin | Johnson | | Sept. 26,1934 CERT FY. That I attended | deceased from |
| 6. DATE OF BI | RTH (month, day Yaars 25 | , and year) Ja Months | n.18,19 Days 18 | if LESS than 1 day, hrs. | to have occurred on the date stated above, at 6 . 15PM. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | ; death is sald |
| 9. Industry wo SA 10. Date of thi | profassion, or pa d of work dona, WYER, BOOKKEE ry or businass in rk was dona, as S W MILL, BANK, e leceasad last wor s occupation (more | as SPINNER, PER, atc which ILK MILL, tc | Housewi ***** * II. Total t spa | fe | Pulmonary Tuberculosis | May 1934 |
| | CE (city or town). or country) | Baltim Mar | ore, yland. | | Othar Contributory Causes of importance: | |
| L. (SI | PLACE (city or to tata or country) | Balt | atson imore, land | | Name of operation Data of | O NO. |
| 当. MAIDE | N NAME | Mary S | tewart | | 23. If daath was dua to axternal causes (VIOL ENCE) fill in also the followin | |
| O 16. BIRTH | PLACE (city or to tata or country) | | bersbur Pennsyl | | Accident, suicide, or homicida? Data of Injury Whare did injury occur? | |
| 17. INFORMAN (Addra | | | E. O'Ne | | (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL | te) .ACE, |
| 18. BURIAL, CR | nt Cal | / | | 0 ,1934 | Manner of injury | |
| 19. UNDERTAK (Addras | | es H. H | tallan | al | | No. |
| 20. FILED 10 |)/6/34, | yep. | Local | Heell Registrar. | (Signed) Henrytoh, Md. | sll M.D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 8 8 3 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| \ | | | |

V. S. No. 1

TION is very important. See instructions on back of certificate.

| STATE | OF MARYLAND- | -CERTIFICATE | OF | DEATH |
|-------------------|--------------|--------------|----|-------|
| 1. PLACE OF DEATH | | 46 1 | | |

| 1 | 13 | () | 18 | 9 |
|---|----|----|----|----|
| j | 6 | U | U | 2) |

| 1. PLACE OF DEATH | | | | 46 / |
|--|--------------------|------------------------|--------------------------------|---|
| County Carro | 11 | | | Registration Dist. No. |
| Village or Gity near | Warfield | lsbur | g - R F (If | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth? yrs. mos. |
| 2. FULL NAME Jo | | | | |
| | | | 1 d c busec | Mact Word |
| (a) Residence: No. | (U | Javal place of | abode) | If nonresident give city or town and State |
| PERSONAL AND S | TATISTICAL | PARTIC | ULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR Whi | OR | GLE, MARRI DIVORCED | ED, WIDOWED, (write the word) | 21. DATE OF DEATH October, 21, 1934 (Month) (Day) (Yaar) |
| 5a. If married, widowad, or divorced HUSBAND of Fan: | nie E,Lo | vell | | 22. HEREBY CERTIFY, Thet I attended deceased to 1934, to Detaker 193 |
| 6. DATE OF BIRTH (month, day, and | vaar) 1878- | -2-25 | | I last saw h Lica aliva on QCY 20 1934; death is |
| 7. AGE Years 56 | Months 7 | Days 26 | If LESS than 1 day,hrs. ormin, | to heve occurred on the date stated above, at 7 = 158 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: |
| 8. Trede, profession, or particul kind of work done, as SF SAWYER, BOOKKEEPER, 9. Industry or businass in which work was dona, as SILK SAW MILL, BANK, etc 10. Date decessed last workad at this occupation (month ar | h MILL, | armer | | Conclusioned Stoward Date of or |
| year) 12. BIRTHPLACE (city or town) | Jarroll (| spant occup | in this 38yr | Other Contributory Canses of importance: |
| I 13. NAME Ells | vorth Lov | rell, | | |
| H 13. NAME ELLSV 14. BIRTHPLACE (city or town) (Stata or country) | Carroll Marylar | | ~ | Name of operation Date of Was there an autopsy? |
| 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Fai | 0 | | | 23. If daath was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOV | /AL | | . 23 , 19 34 | Mannar of injury |
| 19. UNDERTAKER 6. 77. (Address) Win 20. FILED Graf 27. 13 4 | Malty Light ni | !st! | Registrar. | 24. Was disaase or injury In any way related to occupation of deceasad? If so, spacify (Signad) W. Flexand Specific 1 (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| I BUIGAR | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

certificate.

TION is very important. See instructions on back of

STATE OF MARYLAND—CERTIFICATE OF DEATH

| Village or City. Henryton (Colored Norach No. 14 Colored Norach No. 15 No. 16 Colored Norach No. 17 No. 16 Colored Norach No. 17 No. 17 No. 18 No. 17 No. 18 | | OF DEATH | | | 23 | |
|--|-------------------------------|--|------------------------------|--|--|------------------|
| (If death occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME Thomas McGrier, (a) Residence: No. 609 N. Calhoun St., Balton, Md. ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, widowed, or divorced HUSSAND COLOR OR RACE COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, widowed, or divorced HUSSAND COLOR OR RACE COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, widowed, or divorced HUSSAND COLOR OR RACE COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, widowed, or divorced HUSSAND COLOR OR RACE COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, widowed, or divorced HUSSAND COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, widowed, or divorced HUSSAND COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married word word on the word of the word word or divorced HUSSAND COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, widowed, or divorced HUSSAND COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married word word or divorced HUSSAND S. HATE OF DEATH DATE OF | County | Carroll | Md. Tul | | | |
| Langth of residence in city or town where death occurred | Village or | city Henryton | | | | Ward |
| 2. FULL NAME Thomas McGrier, (a) Residence: No. 609 N. Calhoun St., Balton, Md. Ward. (Uusalplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Male Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warise the world) Married, widowed, or divorced HUSBAND of Elizabeth McGrier. 5. LI married, widowed, or divorced HUSBAND of Elizabeth McGrier. 5. DATE OF BIRTH (month, day, and year) Sept. 25, 1905. 1. DATE OF BIRTH (month, day, and year) S. DATE OF | | | |) 7 | death occurred in a hospital or institution, give its NAME instead of street and | number) |
| (a) Residence: No. 609 N. Calhoun St., Balton, Md. Ward. (Uusa) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Colored S. SINCLE, MARRIED, WIDOWED, OR DAYOKED (warist the world) Married, widowed, or divorced HUSBAND of Elizabeth McGrier. 5-8. If married, widowed, or divorced HUSBAND of Elizabeth McGrier. 5-9 1 3 If LESS shan 29 1 Shanker, Laborer S. Indestry or basiness in which S. Shanker, South Carolina 8. Trade, profession, or particular kind of work done, as SPINNER, Laborer S. AW MILL, BANK, etc. S. Shanker, South Carolina 10. Date deceased last, worked at the coupably of country) South Carolina 11. Total time (years) The PRINCIPAL CAUSE OF DEATH and related causes of importance: Date of one as SPINNER, SAW MILL, BANK etc. S. Shanker, South Carolina 12. BIRTHPLACE (city or town) (State or country) South Carolina 13. NAME John McGrier (State or country) South Carolina 14. BIRTHPLACE (city or town) Unknown 15. Infernmant John E. O'Neill, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Address) Henryton, Md. 18. BUBIAL CERMADION, OR REMOVAL | 1 | | | yrsmos | | nosds. |
| PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Male Colored OR DIVORCED ("unit the word) Married Married Married Months Sa. If narried, widowed, or divorcad HISSANO, or wife of Elizabeth McGrier. 5. DATE OF BIRTH (month, day, and year) Sept. 25, 1905. 7. AGE Years Months Days If LESS year 1 3 1 day, | | | | | | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, DR DIVORCED (write the word) MATTIED 58. If married, widowed, or divorced HUSBAND of Orling The Property of Husband of Work done, as SPINNER, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation occupation The Property of Orling The Pr | (a) Reside | ence: Np. 609 N. | Calhoun | St., Bal | | |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winter the word) Married widowed, or divorced HUSBAND of (cr) WIFE of Elizabeth McGrier. | PERCO | NAL AND STATIST | | | | d State |
| Male Colored Married (widowed, or divorced HUSBAND of (Cry Wife of Cry Wife of | | | | | | |
| HUSBAND of (or) WIFE of Coro WIFE of (or) WI | | | OP DIVOPORTI | D (queite the word) | Oct. 28, 1934. | ., 193 (Year) |
| S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 29 1 3 1 strates, profession, or particular kind of work dome, as SPINNER, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (Stata or country) 10. Date deceased last worked at this occupation (Stata or country) 12. BIRTHPLACE (city or town) (Stata or country) South Carolina 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME Mary Eliza Brewer 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 17. INFORMANT 18. BURIAL CEMADION OR REMOVAL (Address) Henryton, Md. 18. BURIAL CEMADION OR REMOVAL (Address) Henryton, Md. 18. BURIAL CEMADION OR REMOVAL (Address) Months 1 last saw M.M. alive on. Oct. 28, 1934, 19 Itals saw M.M. alive on. Oct. 29 Ind. In part of obate deceased last stated above, all P.M. In part of obate deceased last stated above, all P.M. In part of obate and obate at the obate at the obate at the obate at the obate | HUSBAND of | Flienhot | th McGri | er. | | |
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one. | 6. DATE OF BIRTI | H (month, day, and year) | Sept. 25 | , 1905. | | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, ******** 10. Date deceased last worked at this occupation property from the control occupation pear) 12. BIRTHPLACE (city or town) Unknown (Stata or country) South Carolina 13. NAME John McGrier, 14. BIRTHPLACE (city or town) Unknown (Stata or country) South Carolina. 15. MAIDEN NAME Mary Eliza Brewer 16. BIRTHPLACE (city or town) Unknown (State or country) Unknown (State or country) Unknown (State or country) South Carolina. 17. INFORMANT John E. O'Neill, (Address) Henryton, Md. 18. BURIAL CREMATION, OR REMOVAL | | | | 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| J. Industry or business in which work was done, as SILK MILL, ******** SAW MILL, BANK, etc | 8. Trade, pro | fession, or particular f work done, as SPINNER, | Laborer | 1 01-22-1 | Here as initias. | Date of onset |
| Description | A S. Industry o | r business in which | | | | |
| Description | SAW N | Nas done, as SILK MILL, MILL, BANK, etc | ***** | ** | Pulmonary Tuberculosis | Mch |
| 12. BIRTHPLACE (city or town) Unknown (Stata or country) South Carolina 13. NAME | - 17 5 1112 00 | cupation (month and m | 11. Total ti sper occu | ime (years) nt light known upation | | 1934 |
| 13. NAME | 12. BIRTHPLACE ((Stata or co | (city or town) Unknow | wn | ina | | |
| 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME Mary Eliza Brewer 16. BIRTHPLACE (city or town) (State or country) Unknown 17. INFDRMANT (Address) Henryton, Md. Name of oparation What test confirmed diagnosis? O Was thera an autops 10 What test confirmed diagnosis? O Was thera an autops 10 What test confirmed diagnosis? O Was thera an autops 10 What test confirmed diagnosis? O Was thera an autops 10 What test confirmed diagnosis? O Was thera an autops 10 What test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | | | 22.00 | | |
| South Carolina What test confirmed diagnosis? Was there an autopsylonal | E | | | | | - |
| Where did injury occur? (Specify city or town, county and State) 17. INFDRMANT (Address) Henryton, Md. 18. BURIAL CREMATION, OR REMOVAL | (21918 | | | | | |
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| (Address) Henryton, Md. | - (State | | | | Where did injury occur? (Specify city or town, county and St | ate) |
| 18. BURIAL, CREMATION, OR REMOVAL Manner of injury | (Address) | He | | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| Placa Date | 18. BURIAL, CREM | ATION, OR REMOVAL | | | | |
| 19. UNDERTAKED Level 24. Was disease or injury in any way related to occupation of deceased? NO. 19. UNDERTAKED Level 15 so, specify 15 so, | | | stemple stre | eie | | No. |
| 20. FILED 10/28/34 19 Dep. Local Registrar. (Signed) Honryton, Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | 20. FILED 10/- | | | | (Address) Henryton, Md. | CL/3_M. D |

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| REDEAU V. S | | | | |
| Di Di Linguis de la companya del companya de la companya del companya de la compa | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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| Page 1 | |

| 1. PLACE (| | | INIAR | YLAND- | CERTIFICATE OF DEATH | 0101 |
|--|--|---|------------------------------|------------------------------------|---|-------------------|
| County | Carr | all | | | Registration, Dist. No. | 4. |
| | 1 | Resz_ | 2 | Tyrs, 4 mos | death occurred in a horpital or institution, give its NAME instead of street and ds. How long or U. S. If of foreign birth? | number) |
| 2. FULL NA (a) Reside | nce: No. | Harl | (Usual place | V. M | St., Ward Treduce the Court | ula - |
| PERSO | NAL AND | STATIST | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | 1 |
| 3. SEX Jemal | Las | OR RACE | OR DIVORCE | RIFD, WIDOWED, (write the word) | 21. DATE OF DEATH Lether 24. (Month) (Day) | , 193 4 (Yaar) |
| 5a. If marriad, wide HUSBAND of (or) WIFE of 6. DATE OF BIRTH | of the | oun , | A. M. | iller - 1858 | 22. I HEREBY CERTIFY. Thet I attanded Aumany 1924, to Oct 24 | a, Mi fu |
| 7. AGE Y | 75- | Months // | Days | If LESS than 1 day,hrs. ormin. | to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | Date of onse |
| SAWYE | businass in as done, as SI ILL, BANK, at | s SPINNER, ER, etc which LK MILL, c | More | | Eudonakdus | 1927 |
| | upation (mont | h and | 11. Total ti spar occu | ma (yaars) ht in this petion | Other Contributory Causes of Importance; | - |
| (Stata or co | 7 | nay. | land beri | / | Tures arterior elevanis | 192 |
| 14. BIRTHPLA | E (city or tow | (n) 1775 | educes | k | Name of oparetion Date of | |
| | 1-1 | 244:5 | - | 000 | What test confirmed diagnosis? Was there an | |
| 16. BIRTHPLA | 17 | m) Mari | elimar Nec | erde. | 23. If daath was dua to axtarnal causes (VIOL ENCE) fill in also tha following Accidant, suicide, or homicide? Data of injury Whera did injury occur? (Specify city or town, county and State Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | , 19 te) |
| 18. BURIAL, CREMI | TION, OR RE | MOVAL MA | c, Date SIV | 27.1934 | Manner of Injury | 0 - 1 - 0 - 0 - 0 |
| 19. UNDERTAKER (Address) | Mae | 1 des | ille | Med. | 24. Was disease or Injury In any way releted to occupation of deceased? If so, specify | |
| 20, FILED | 1.75,19 | 34 C | Harry | Registrar. | (Signed) (Address) Reservelly | M. 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BURGATIA | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
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| 1) | item of infor- s should state of OCCUPA- | |
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| • | Y. PHYSICIANS Exact statement | / |
| ARGIN RESERVED FOR BINDING | S A PERMANENT tated EXACTL roperly classified. | runcare. |
| RESERVED I | AGE Should be so that it may be p | lons on back of ce |
| ARGIN | refully supplied. | tallt. See mount |
| V. S. No. 1 | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is now important. | TIOTA IS ACT A THE PORT |
| > | Z | - |

| STATE OF STATE OF | F MARY | LAND- | CERTIFICATE OF DEATH | 102 |
|---|---|------------------------|---|---------------------|
| County Carroll. | | | 93-c) Registration Dist. No. | 11 |
| | d State | Hospita | 1. No. Sykesyille Md. St., I death occurred in a hospital or institution, give its NAME instead of street and in | Ward |
| 2. FULL NAME HERMAN N | | Distance of | | |
| (a) Residence: No. 198 Belve | | | St., Ward. Cambridge, Md. | State |
| PERSONAL AND STATISTIC | AL PARTIC | ULARS | MEDICAL CERTIFICATE OF DEATH | |
| Male. White. | s. SINGLE, MARR OR DIVORCED Marri | (write the word) | 21. DATE OF DEATH October (Month) (Day) | , 193 4 . (Yeer) |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Stells | a Hurley | 7• | 22. I HEREBY CERTIFY, That I attended Aug. 10, 1934 to Oct. 1. | |
| 6. DATE OF BIRTH (month, day, and year) May | 7 18, 18 | 370. | Hast saw him alive on Oct. 1, 1934. | ; death is said |
| 7. AGE Years Months | Days | If LESS than | to have occurred on the date stated above, at 6.15pm.m | |
| 64. 4. | 13. | 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Data of oneat |
| 9. Industry or business in which | | | Chronic Myocarditis. | |
| 12. BIRTHPLACE (city or town) | land. | | Other Contributory Causes of importance: Acute Cardiac Dilatation. 10/ | 1/34/ |
| | | | | |
| 13. NAME Samuel W.Mo | rland. | | Name of operation Clinical Symptoms Date of What test confirmed diagnosis? Was there an a | wtonsyNo. |
| 15. MAIDEN NAME MARY DE | ayton, | | 23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following | |
| 16. BIRTHPLACE (city or town) | | | Accident, suicide, or homicide? Date of Injury | , 19 |
| (State of County) | ryland. | | Where did injury occur? (Specify city or town, county and State | |
| (Address) Sykesville, | Md. | .Record | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | ČE. |
| 18. BURIAL, CREMATION, OF REMOVAL | Date det. | 5134 | Manner of Injury | |
| 19. UNDERTAKER A. A. Mill (Address), Erray New | ough | by rud. | Nature of injury 24. Was disease or injury in any way related to occupation of deceased? | No. |
| 20. FILED SAY 1, 1934 Q | Harry | Registrar. | (Signed) John L. Wellhered (Address) & S. Horp, Sakerville Mile | M. D. |
| If more bla | anks are needed, ad | dress State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis . | 3 days ago |
| BHREAU V. S. J. | | *************************************** | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

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| | LA | pind | 2 | ery |
| | 回 | she | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
| | RIT | ion | USI | Z |
| | M | mat | CA | TIO |
| | B. | | - | 1 |
| | N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | | |
| | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 93-0 |
| County Carroll | Registration Dist. No. |
| Village or City (1/2 40 mms/s) | No. St Word |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | |
| 2. FULL NAME All asy & Cyabeth | mgus. |
| (a) Residence: No. 6 / Manion (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Willowed | 21. DATE OF DEATH LOUER 2 , 193 4 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | , |
| (or) WIFE of Denanie Onice | 22. HEREBY CERTIFY, That Intended deceased from |
| Olx 110/2/24 | De 201934, to 400 2, 1934 |
| 6. DATE OF BIRTH (month, day, end year) 607, 416826 7. AGE Years Months Days If LESS than | I last saw h L alive on 2 , 1934; death is said |
| 1 day, hrs | to heve occurred on the date stated above, at 1200 pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| 2 Trade explanation or explanation | were as follows: Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | (francisce susses |
| 9. Industry or business in which | The same |
| S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occuration (month and | generation |
| | |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Frederick 60. (State or country) | |
| 13. NAME WY Known | |
| 13. NAME NOT Known 14. BIRTHPLACE (city or town) | Name of possition |
| (State or country) | Name of operation |
| 15. MAIDEN NAME Teather Barry | What test confirmed diagnosis? |
| 15. MAIDEN NAME Teathery Byers 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? |
| O 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? |
| Elmer messo | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 17. INFORMANT General March (Address) westming to | Specify whether injury occurred in INDUSTRI, in nome, or in Public Place. |
| 18. BURIAL CREMATION, OR REMOVAL | Manner of Injury |
| Place M. Olive Bem. Date 6 9-5 , 1934 | Nature of injury |
| 19. UNDERTAKER A Sampard 45on | 24. Was dicease or injury In any way related to occupation of deceased? |
| 20. FILED 10/1/19 8 HVI (WOSOWS. | (Signed) W. Henry plegheny |
| Registrar. | (Address)/ Clessification had. |
| If more vianus are necueu, daaress State Registrar, | 411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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|---|-------------------|--|---------------|--|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hcmorrhage . | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenterilis | 1 year | |
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PHYSICIANS should state

of OCCUPA-

Exact statement

certificate.

See instructions on back of

TION is very important.

N. B.

| STATE OF | BAADMI AND | D CEDTICI | CATE | DEATI |
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| | MADVIAN | (| | |
| | IVIAIVII AIV | | | |

| STA | TE OF | MAR | YLAND- | CERTIFICATE OF DEATH | 10104 |
|--|------------|-----------------|--|--|--------------------|
| 1. PLACE OF DEATH | | | | 9, | 70 |
| County Carr | oll | | | Registration Dist. No. | 1 |
| Village or CityMt_ | | | | | Ward |
| | | | 7 7 (1 | ND. St., If death occurred in a horpital or institution, give its NAME instead of street a s | nd number) |
| | | | == == J13,======== | sas. now long in 0.5. If of foreign birth?yrsyrs. | _mosds. |
| 2. FULL NAME Nam | | | | | |
| (a) Residence: No. | | (Usual place | ry Md. | St., Ward. If nonresident give city or town | and State |
| PERSONAL AND S | | | | MEDICAL CERTIFICATE OF DEATH | 1 |
| 3. SEX 4. COLOR OR | | | RRFED, WIDOWED, ED (write the word) | 21. DATE OF DEATH | |
| Female Whit | | | ele | October 30 (Month) (Day) | (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | | | | 22. I HEREBY CERTIFY. That I attend | ded destroyed from |
| (or) WIFE of | | th- — | | Oct 2I, 1934 to Oct 30 | |
| 6. DATE OF BIRTH (month, day, and | vear) 1933 | -9-6 | | l last saw her alive on Oct. 30 ,19 | |
| 7. AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, at 1:45a.m. | |
| 1 | 1 | 24 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | 10.4 |
| 8. Trada, profession, or particular kind of work dona, as SP SAWYER, BDDKKEEPER, e | I NNED | | | | Date of enset |
| SAWYER, BDDKKEEPER, e 9. Industry or business in which | tc | one | | Pertusis | 10/6/34 |
| work was done, as SILK M | MILL. | | | Broncho-Pneumomia | 10/22/39 |
| 9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc | t | 11. Total | time (years) entin this cupation | | |
| 12. BIRTHPLACE (city or town) (Stata or country) | Freder | me we would use | | Dther Contributory Causes of Importanca: | |
| | Mary | | | | |
| E | p Norw | | | none | |
| 14. BIRTHPLACE (city or town) (State or country) | Carro | | | Name of operation NONE Data of What test confirmed diagnosis? Was there | |
| 15. MAIDEN NAME Ha | ttie B | imby | | 23. If death was dua to axternal causas (VIOLENCE) fill in also the folior | |
| 16. BIRTHPLACE (city or town) | Frede | rick | Co., | Accident, suicide, or homicide? Date of injury | • |
| (Stata or country) | Many | | | Where did injury occur? | |
| 17. INFORMANT C, Kemp (Address) Mt. A | | d | | (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC | State) PLACE. |
| 18. BURIAL, CREMATION, OR REMOV | AL | * | | Manner of injury | |
| PlacPine Grove | .Cemtyr | DateNO | 7. 1934 | Nature of injury | |
| 19. UNDERTAKER 6. M. (Address) | Waltz | 1 mo | 7 | 24. Was disease or injury in any way related to occupation of deceased? If so, specify | |
| Mal 21 41 | 1/0 1 | A | 10.) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |

Registrar.

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| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR FU | JRTHER STATEMENTS | BY | PHYSICIAN |
|-------------------------|-------------------|----|-----------|
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If more blanks are needed, address State Registrar, 2477 N. Charles State B. Li.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Example II | | |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | | 3 days ago |
| BUREAU V S | | | 3 7 7 7 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | 100 |

| **** | | - |
|------|------------------------------------|---|
| | Beltimore, Requesting D. S. No. 1. | |

V. S. No. 1

| 1. PLACE OF DEATH | | | | Uish |
|---|------------------------------|------------------------------------|---|------------------------------------|
| County Carroll | | | Registration Dist. No. | 74 |
| Village or City Sykesville (II Length of residence In city or town where death occurred yrs, 2 mos | | | No. Mringfield State Ho shitse St., f death occurred in a hospital or institution, give its NAME instead of street and s. 26 ds. How long in U.S. if of foreign birth? yrs. m | War |
| 1 | | | s | osd |
| 2. FULL NAME Lamu | | | 0 0 9 | |
| | tarroien a (Usual place | of abode) | St., Word. Cumberland, Md If nonresident give city or town and | State |
| PERSONAL AND STATI | The second second second | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE Thate Thite | | RIED, WIDOWED. D (write the word) | 21. DATE OF DEATH October 19 4 (Month) (Oav) | , 193 4 (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of | 0 | | | , , , , |
| (or) WIFE of | | get) escarci | 22. I HEREBY CERTIFY, Thet i attended September 10 = 1934 to October 29 = | deceased from |
| 6. DATE OF BIRTH (month, day, end year) | may 1 of | 1879 | | , 19 <i>.3.4</i> ; deeth is sel |
| 7. AGE Yeers Months | 0 Oays | If LESS then | to have occurred on the dete steted above, et \$./OA_m. | |
| 55 5 | 28 | l day,hrs. | The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows: | Oats of asset |
| Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | Das Labo | res | J. P. P. | Prior ! |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which | 70 009 0 | | General Paralysis of the | 1932 |
| work wes done, es SILK MILL, SAW MILL, BANK, etc. | | | Insane. | |
| 10. Date deceased lest worked et with | 13 m. spei | ime (years) nt in this 39 year | | - |
| 110 | worn | Potton | Other Coatribatory Caases of importance: | |
| IZ. BIKINFLACE (CITY OF TOWN) | Jany Co. md | | | |
| [4.4.0] | | | | |
| | unpowon. | | V. mare | |
| (State of Country) | md. | | Name of operation with Physical argue and lateratory findings. What test commitmed diagnosis? Was there en a | nutopsy? |
| 15. MAIDEN NAME Mary G. 16. BIRTHPLACE (city or town) L | Patrell | | 23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following | g: |
| 16. BIRTHPLACE (city or town) | ukuown | | Accident, suicide, or homicide? Date of injury | , 19 |
| (State of Country) | md. | 10 | Where did injury occur? (Specify city or town, county and Stat | |
| | ate Lospital resulte. Ind | (Kecorda) | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL | ACE. |
| IS BURIAL, CREMATION, OR REMOVAL | Dreese A. I. | 1 21 3 | Menner of injury | |
| Mercing freeze X Tong | Dete | , 199 | Neture of Injury | |
| 19. UNDERTAKER DEW TO (Address) Signals | lon de | u | 24. Was disease or injury in any way related to occupetion of deceased? | no |
| 20. FILEO ON 29, 19.3d | Charry | Registrar, | (Signed) John N. Morris ((Address) (S.J. N.) Dykesville, Ma | M. 1 |
| If n | nore blanks are needed, a | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 year do

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|

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| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10107 |
|--|---|
| 1. PLACE OF DEATH | 97 |
| County Cartall | Registration Dist. No. |
| Village or City Leg Revolle | death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | |
| 2. FULL NAME Catherine The | ater. |
| (a) Residence: No. /// O Harth Valler | ast, Pricewarder |
| (Usual place of abode) | If nonresident give city or town end State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX | MEDICAL CERTIFICATE OF DEATH |
| OR DIVORCED (write the word) | 21. DATE OF DEATH Catables 2 ul |
| Sa. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of Mukeroun Richter | 22. I HEREBY CERTIFY, That I attended deceased from |
| and the second | - January 1994, to Deleter 2 1994 |
| 6. DATE OF BIRTH (month, day, and year) lug - 26 - 18 4 9 | I last saw h. Lt. alive on Calabaa 2 4 , 19 9 4; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs, | to have occurred on the date stated above, at 2m, The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 0 7 / ormin. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | 77.7 |
| 9. Industry or business in which | aucrosellasses 1912 |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| - I spellt il tills | |
| year) occupation | Other Contributory Causes of Importance; |
| 12. BIRTHPLACE (city or town) Wallings | A., |
| (State or country) Manyland | Mance Vigeressus Refleris 1702 |
| 14. BIRTHPLACE (city or town) Lablaceau | |
| 4. BIRTHPLACE (city or town) Additional (State or country) Was la mod | Name of operation |
| | What test confirmed diagnosis? |
| 15. MAIDEN NAME Clea Deurs 16. BIRTHPLACE (city or town) Dalferance (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) Dulleman (State or country) | Accident, suicide, or homicide? |
| N. I.F. P. | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT And Control (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL CREMATION, OR REMOVAL | Manner of injury |
| pracely reducementate UN. 5, 1934 | Nature of injury |
| 19. UNDERTAKER Philips Activity Song | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Baltimore Ma. | If so, specify |
| 20. FILED OLV. 3, 1934 CHarry Your | (Signed) Mand M. D. |
| Registrar. | (Address) Alythanilla Mad |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example 1 | i | Example 11 | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BURSAII V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Evample II

V. S. No. 1

| STATE OF | MARYL | AND- | -CERTI | FICATE | OF | DEATH |
|----------|-------|------|--------|--------|----|-------|
| | | | | - | | |

10198

| 7. AGE Years Months Days If LESS then to have occurred on the dete steted above, et | 1. PLACE OF DEATH | | 120) | |
|--|---|------------------------------|---|----------------------------|
| Length of residencer in city or town where death occurred G. yrs mos ds. How long in for S. If of foreign birth? yrs mos ds. How long in foreign birth? yrs yrs. | County Carrall | | | 74 |
| (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) As. If meritad, widowad, or divorced wite and of the word) As. If meritad, widowad, or divorced wite and of the word of the word) 5. DATE OF BIRTH (month, day, end yeer) 6. DATE OF BIRTH (month, day, end yeer) 7. ACE 7. ACE 8. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) 8. DATE OF BIRTH (month, day, end yeer) 8. DATE OF BIRTH end releived causes of importance 8. DATE OF BIRTH end releived causes of importance 8. SAYVER, BOOKKEPER, etc. 9. Industry or business in which the special properties of the properties of the properties. 10. Deter decessed lest worked at this occupation (month end yeer) 10. Deter decessed lest worked at this occupation (month end yeer) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. MAIDEN NAME 14. BIRTLHPLACE (city or town) (State or country) 14. BIRTLHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL CREMATION, OR MEMOCAL 19. BURNAL CREMATION, OR MEMOCAL 19. BURNAL CREMATION, OR MEMOCAL 19. BURNAL CREMATION, OR MEMOCAL 24. Was disease or injury in eny way raised to occupation of daceesad? 24. Was disease or injury in eny way raised to occupation of daceesad? | | | death escurred in a hospital of institution, give its NAME instead | of street and number) |
| PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (variet the word) As If merriad, widowad, or divorcad HUSBAND of (or) WIFE of E. DATE OF BIRTH (month, day, end yeer) L. BIRTHPLACE (city or done, as S. PINNER, etc. L. D. Date deceesed lest worked at this coccupation (month end yeer) L. Date deceesed lest worked at this coccupation (month end yeer) L. BIRTHPLACE (city or town) (State or country) L. BIRTHPLACE (city or | 2. FULL NAME & Lauie | Ridge | ley- 4 | 1 |
| 3. SEX | (a) Residence: No. | (Usual place of abode) | | Marylaux or town and State |
| As. If merriad, widowad, or divorcad HUSBANG (or) WIFE of Corp. WIFE of | PERSONAL AND STATISTICA | L PARTICULARS | MEDICAL CERTIFICATE OF D | DEATH |
| HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) Muchicar as 875 7. AGE Vears Months Days If LESS then I day, hrs. or min. 8 3/Trade, profassion, or particular sees of lings | | OR DIVORCED (write the word) | Retoher | 193 |
| T. AGE Years Months Days If LESS then I day | HUSBAND of (or) WIFE of | | October 1934, to Oct | , 19 3 4 |
| Rind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER. 10. Dete deceesed lest worked at this occupation (month end year) 11. Total time (yeers) spent in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR MEMOVAL Place of Address 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. Industry of business in which work as SPINNER. 11. Total time (yeers) spent in this occupation Other Coutributory Causes of Importence: 11. Total time (yeers) spent in this occupation Other Coutributory Causes of Importence: 11. Total time (yeers) spent in this occupation Other Coutributory Causes of Importence: 12. BIRTHPLACE (city or town) (Stete or country) West test confirmed diagnosis? West there en eulopsy? 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury Where did Injury occurr? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury 19. UNDERTAKER 10. Information 10. Information 10. Information 10. Information 11. Total time (yeers) 11. Total time (yeers) 12. Information 13. Information 14. BIRTHPLACE (city or town) (Stete or country) West test confirmed diagnosis? West there en eulopsy? 24. Was disease or injury in eny way ralated to occupation of deceesad? 24. Was disease or injury in eny way ralated to occupation of deceesad? | 7. AGE Years Months Afraca 2. of section or particular | Days If LESS then 1 day,hrs. | to have occurred on the dete steted ebove, etm. The PRINCIPAL CAUSE OF DEATH end releted causes of important processing the control of | |
| Other Contributory Causes of Importence: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Place Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Other Contributory Causes of Importence: Other Contributory Causes (VICLENC) fill in elso the following: Accident, suicide, or homicide? Other Contributory Ot | SAWYER, BOOKKEEPER, etc | 11. Total time (years) | Enterneolitis | 10-1-34 |
| Whet test confirmed diagnosis? Westhere en eulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Place Met test confirmed diagnosis? Westhere en eulopsy? 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury. (Specify city or town, country and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Netura of injury 19. UNDERTAKER 19. Was diseese or injury in eny way ralated to occupetion of deceesad? | 12. BIRTHPLACE (city or town) (State or couply) Mary | | Other Contributory Causes of Importence: | 1917 |
| Whet test confirmed diagnosis? Westhere en eulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Place Met test confirmed diagnosis? Westhere en eulopsy? 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury. (Specify city or town, country and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Netura of injury 19. UNDERTAKER 19. Was diseese or injury in eny way ralated to occupetion of deceesad? | 13. NAME 11. NAME 12. ACC (city or town) LE | when an. | Name of operation | Date of |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place | (Stete or country) Was | enland | | |
| Place Hampton McDoate Get 15, 1934 Netura of injury 19. UNDERTAKER John Busns Bons 24. Was disease or injury In eny way ralated to occupetion of decessed? | 17. INFORMANT Las feits | lewart wheream, | 23. If deeth wes due to externel causes (VIOLENCE) fill in elso decident, suicide, or homicide? | the following: |
| | 11 47 1111 | Date Get 15 , 1934 | | |
| 20. FILED Del 14, 193 & Chary Vice (Signed) Mary M. Cers M. E. Registrar. (Address) July Respille Med | (Address) Toward A | sig the | If so, specify | leceesad? |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| S Date of onset | The principal cause of death and related causes | |
|-----------------|---|---|
| | of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1921 July 5,1927 | 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

mation shou CAUSE OF

-WRITE

| | A A | | | 31 | AIL. |
|-----------|--|------------|--|------------------------------|--------------|
| | infol stat UPA | 1 | . PLACE OF | DEATI | H |
|) | of of CCC | | County | arro | ll |
| | should of OCC | | Village or Ci | ty Du | pesvel |
| | S it | | | | |
| | IN ent | | Length of resid | | |
| | Ev CI L | 1 | 2. FULL NAM | ME W | lexano |
| | IS A PERMANENT RECORD. Every item of infor stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA. ertificate. | | (a) Residence | e: No | Bretz |
| | RECO. PH Exact | | PERSON | AL AND | STATIS |
| | EX. | | SEX | 4. COLOR | |
| ber | L X | _ | male | Qrl | ite |
| DINDING | RMANENT X A C T L classified. | 5a. | If married, widowe HUSBAND of | ed, or divorce | 21 |
| 3 | MA A ass | | (or) WIFE of | | own |
| | EX EX cl | 6. | DATE OF BIRTH (| month, day, a | and year) Un |
| | ed erl ica | | AGE Year | | Months |
| FOR | IS A l stated proper | | 44 | , 1 | whown |
| | | NO | Trade, protest | ork done, as | SPINNER. |
| 3 | L H d k | ATI | 10.2 | BOOKKEEPE usiness in w | |
| 2 | oul | UP | 9. Industry or b work was SAW MILL | done, as SIL , BANK, etc. | K MILL, |
| PESER VED | UNFADING INK-THIS upplied. AGE should be terms, so that it may be instructions on back of | OCCUPATION | 10. Date decease this occup | | |
| 4 | IG I | - | year) | | |
| 2 | DIN A Se t se t | 12. | BIRTHPLACE (city | | horpen |
| 5 | AI ed. | - | (State or count | lry) | 12 |
| ALGIN | UNFA supplied n terms, ee instri | HER | 13. NAME | | Unkn |
| | ITH UNFA illy supplied plain terms, See instru | FATHE | 14. BIRTHPLACE | |) hus |
| | ITT Illy pla | ER | | | |
| | carefully FH in pla | THE | 15. MAIDEN NAM | | 11 10 |
| | AINLY, d be car DEATH | MOTH | 16. BIRTHPLACE (State or | |) Unk |
| , | AINI d be DEAT | | | | |
| | ADO | 17. | INFORMANT Tho | inspell | d mare |

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. Unknown (Usual place of abode) TICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Day) CERTIFY. That I attended deceased from Rown 4 to October 25 known Unknown 1888to heve occurred on the date stated above, at 11.52 a. m If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance Data of onset Psin li 1934 11, Total time (years)
spant in this published occupation_ ven ma own nown moun on 23. If death was due to external causes (VIOLENCE) fill in also the following: wwn Accident, suicide, or homicide? known Where did injury occur?_ (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVA Menner of injur Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting &U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | li | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | DECEMBER | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | WALL 35 1004 | July 5,1927 | Peritonitis | 3 days ago |
| | RUDEALLY S | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

V. S. No. 1

| | infor- | state | UPA- | |
|----------------------------|---|--|--|--|
|) | Jo 1 | plno | 220 | |
| | iten | she | Jo | 1 |
| | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
| | RECO | . PH | Exact | |
| DATE | ANENT | CTLY | sified. | |
| DIM | PERM | EXA | ly clas | ate. |
| FOR | IS A | stated | proper | certifica |
| 3 | HIS | pe | pe | jo |
| ELVI | VK-T] | plnods | it may | n back |
| DE L | ING IN | AGE | o that | tions o |
| THEIR NESERVED FOR BINDING | UNFAD | pplied. | terms, s | instruc |
| • | WITH 1 | fully su | n plain | nt. See |
| | AINLY, | d be care | DEATH in | TION is very important. See instructions on back of certificate. |
| | E PL | shoul | E OF | is very |
| | -WRIT | mation | CAUSI | TION |
| | B. | 4 | (| T |
| | ż | | 1 | - |

| STATE OF MARYLAND | -CERTIFICATE OF DEATH 10110 |
|---|--|
| County Carroll | Registration Dist. No. 74 |
| Village or City Darkesville | No Chrinspella State Hrapital St Ward |
| | (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. 21. ds. How long in U.S. if of foreign birth? 6.2. yrs, had been mos. Makes, ds. |
| 2. FULL NAME Cernist Kears | P Mi |
| (a) Residence: No. 3/8/ Oakford avenue (Usual place of abode) | St., Ward. Hallimore. Md |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) Marie Married | 21. DATE OF DEATH October 3/24, 193/4. (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Schnaufer | 1 HEREBY CERTIFY, That I attended decassed from |
| 6. DATE OF BIRTH (month, day, and year) april 11 1868. | I last saw harn aliva on October 31 th death is said |
| 7. AGE Years Months Days If LESS than | - 11-P |
| 66 6 20 1day,h | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| R Trade profession or particular | Unite of one of |
| kind of work dona, as SPINNER, Carpenter SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Arterioselerosis admi |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | 1933 |
| 10. Date deceased last worked at hithman 11. Total time (yeers) spent in this 39 year occupation | ar · |
| 12. BIRTHPLACE (city or town) Unknown | Other Contributory Canses of importance: Chrome Nephratis and Chrome Privato |
| (State or country) England. | - Myocarditis 1933 |
| 13. NAME Nenry Sears | |
| 13. NAME HENRY Sears 14. BIRTHPLACE (city or town) Unknown (State or country) England | Name of operation 1000 New Data of Data of What test confirmed diagnosis? Was that an eutopsy? No |
| 15. MAIDEN NAME Rarah n. Ward | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Trahmown (State or country) Cingland. | Accident, suicide, or homicide? |
| 17. INFORMANT prospera etate Nospital (Records) (Address) Properoul, and | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL BALL Date Set 180, 19 | Manner of injury |
| 19. UNDERTAKER July July July Jours (Address) Baltimore July; | 24. Was disease or injury In any way related to occupation of deceased? No |
| 20. FILED Set 31, 19.34 CHarry Wel. Registrar. | (Signed) John h. Morris M. D. (Address) D. N. J. Dykesville, Md. |
| If more blanks are needed, address State Registr | rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA.

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

| STATE (| OF MAR | YLAND- | CERTIFICATE OF DEATH |
|--|--|-------------------------------------|--|
| County Carroll Village or City Springf Length of residence in city or town where | | (16 | Registration Dist. No. talno. Sykesville, Md. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Joseph (a) Residence: No. 2919 Oal | | ., Balti | moge, Md ward. If nonresident give city or town and State |
| PERSONAL AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE White | 5. SINGLE, MARI OR DIVORCEI Sing | RtED, WIDOWED, L(write the word) | 21. DATE OF DEATH October 22 (Pay) (Yaar) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | 1909 | 22. I HEREBY CERTIFY, That t attended dacesed from October 22 19 34 |
| 6. DATE OF BIRTH (month, day, and year) | uly 15, | 1999 | Hest saw him allve on October 22 1934 death is seld |
| 7. AGE Years Months | Days | If LESS than | to heve occurred on the date stated above, at 8:55 p. |
| 25 3 | 7 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc | | | Anaemia of unknown etiology and duration |
| 12. BIRTHPLACE (city or town) Baltin (Stata or country) | more, Md | • | Other Contributory Canses of importence: Progressive Pulmonary oedema |
| 13. NAME Michael Sha | piro | | 10-32-34 |
| 14. BIRTHPLACE (city or town) RUSS (State or country) | | | Nama of operation Clinical Symptoms Date of What test confirma Date of tests Was there an autopsy, No |
| 15. MAIDEN NAME Sarah Ko | | | 23. If death wes dua to axternal ceuses (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? |
| 17. INFORMANT Springfield (Address) Records, Syl | kesville | spital | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL PIECE Ballo md | Date But | 23,1984 | Mannar of injury |
| 19. UNDERTAKER S- Jerry (Addiess) / 27 E 13 & 20. | o so | 1 Street | 24. Was disaasa or injury In any way raletad to occupation of deceased? NO If so, specify (Signad) Harry J. Baer, M. D. |
| 130-4 | | Registrar. | (Address) Sy Kesville, Maryland. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example I | i | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1004 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ner | hritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V-S | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

On transfer of patient to my service October 22, 1934, condition was found as follows: Blood count: Erythrocytes 1,490,000; Haemoglobin 30%; C. I. 1.07; Leukocytes 29,600; Polys 94; B. P. 150/90. Rectal temperature 93 degrees. Autopsy refused.

Harry F. Baer, M. A.

Z

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10112 |
|--|---|
| 1. PLACE OF DEATH | |
| County Carroll | Registration Dist. No. 8/ |
| Village or City Zurias and mad | No. |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S.If of foreign birth?yrsmosds. |
| 2. FULL NAME Cra h, Smith | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mernale Color or RACE OR DIVORCED (write the word) | 21. DATE OF DEATH / O / 4 , 193 \(\text{(Month)} \tag{(Day)} \tag{(Year)} |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W, H smith | 22. I HEREBY CERTIFY. That i attended deceased from 1 1938, to 1938. |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. | i lest saw h9 alive on |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end spant in this year) occupation. | acute aephretis |
| 12. BIRTHPLACE (city or town) Corroll Cer (State or country) Francy Land | Other Contributory Causes of importance: (auce (Careenong Cerry) Jerotion Nec 1924 |
| 14. BIRTHPLACE (city or town)(State or country) Carefrance | Name of operation Date of What test confirmed dlagnosis? Wes there en au'opsy? |
| 15. MAIDEN NAME Hary Bower 16. BIRTHPLACE (city or town) (Stete or country) The anglesial 17. INFORMANT W. The state of the country of the | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL. Place M. Joy Linsumalinate Cot 17, 1934 | Manner of injury |
| 19. UNDERTAKER 7513 carehard + 5000 (Address) Westminsto 7m d 20. FILED OS. 17, 1934 / Eight and Registrar. | 24. Was disease or injury in any way related to occupation of deceased? If so, specify |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-----|---------|------------|----|-----------|
|------------------|-----|---------|------------|----|-----------|

| 1. PLACE OF DEATH | MARYLAND- | CERTIFICATE OF DEATH | 10110 |
|---|---|---|------------------------|
| County Carroll | | (82.0) | 7.4 |
| | 111 | Registration Dist No. | |
| Village or City Length of residence in city or town where dea | th occurred was 4 mg | f death occurred in a hospital or institution, give its NAME instead of s | St. St. Ward |
| 11. | 11 00001100 | syrs | ds. |
| 2. FULL NAME Makey (a) Residence: No. | (Usual place of abode) | St., Ward. Nagetstomm | Md. |
| PERSONAL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DE | |
| 3. SEX 4. COLOR OR RACE 5 | OR DIVORCED (write the word) | 21. DATE OF DEATH Selables (Month) (Day) | 2-4,193 4 |
| Se. If merried, widowed, or divorced HUSBAND of | 1 | (-3), | / (Yéar) |
| (or) WIFE of | pegler | 22. HEREBY CERTIFY, That I | attended deceased from |
| 0 | 1 1 ,000 | 1934, to Col | 24 , 19 34 |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months | nig. 11 1859 | Mast saw hold alive on Del 24 | , 19 34, death is said |
| M | Days If LESS than 1 day,hrs. | to have occurred on the dete stated above, at 12,30 p.m. | 1 |
| 13 1 101 | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importe were as follows: | Date of onset |
| 8. Trede, profession, or particular kind of work done, as SPINNER, | vine in a la | | |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which | succes, | | |
| work was done, es SILK MILL, SAW MILL, BANK, etc. | | celebral Nemoreka | ge 10-24 w |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | | |
| llus | 110000 | Other Contributory Causes of Importance: | |
| (State or country) | La es L | | |
| 13. NAME 0 / 12 - 12 0 / | A longer | arebral alleressels | ases 791 |
| | J. Jours | | |
| (State or country) | ent an. | Name of operation | |
| | and lile 11 | Whet test confirmed diagnosis? Was | there an autopsy? |
| 15. MAIDEN NAME Margarette 16. BIRTHPLACE (city or town) | reef willer | 23. If death was due to external causes (VIOLENCE) fill in also the | |
| 16. BIRTHPLACE (city or town) | alexer un - | Accident, suicide, or homicide? Date of Injur | y, 19 |
| (State or country) | clased. | Where did Injury occur? (Specify city or town, count | n and Grand |
| 17. INFORMANT Daspell | e lecardo | Specify whether injury occurred in INDUSTRY, In HOME, or in PL | JBLIC PLACE. |
| | surple M.J. | | |
| 18. BURIAL, CREMATION, OR REMOVAL | 91/1/2534 | Menner of Injury | |
| Place A Mary UNA | vale 199 | Nature of injury | |
| 19. UNDERTAKER (Address) | witann m | 24. Was disease or injury in any way releted to occupation of dece | ased? |
| 10. FILED Sel 25, 19 34 @ | Harry He re Registrar. | (Signed) (Address) Colored (Address) (Address) | M. D. |
| 7.0 1. | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | 10- | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

Exact statement of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 111 |
|---|--|---------------|
| 1. PLACE OF DEATH | (31) | 2 4 4 |
| County Causel | Registration Dist. No. | |
| Village or City near Finksburg | No. St., | Ward |
| Length of residence in city or town where death occurred | death occurred in a hospital or institution, give its NAME instead of street and nu- | |
| 2. FULL NAME Charles Maries Sta | Thodale. | |
| (a) Residence: No. | St., Ward. | |
| (Usual place of abode) | If nonresident give city or town and S | late |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OF RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Mule Married Married | 21. DATE OF DEATH, (Month) (Bay) | 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Januire (Buckingham) | 22. I HEREBY CERTIFY. That I attended do | , 19.3 4 |
| 6. DATE OF BIRTH (month, day, and year) May (1, 1862 | 1 last saw flu alive on 0 4. 13" ,1934; | death is said |
| 7. AGE Years Months Days If LESS than 1 day, hrs. | to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance | |
| 72 3 12 or min. | were as follows: | Date of onset |
| 3. Trede, profession, or particular kind of work done, es SPINNER, | Chimic Carendy matores | 5'44 |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | apinus | ace. |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | 7 |
| this occupation (martin and | | |
| year) occupation | Other Contributory Causes of importance: | US1134 |
| 12. BIRTHPLACE (city or town) | Cerebral Kernorthayes | 0-175 |
| (State or country) | | |
| 13. NAME Alice Stylesdale 14. BIRTHPLACE (city or town) | Ma malytis | |
| 14. BIRTAPLACE (city or town). (State or country) Manylane | What test confirmed diagnosis? Was there an au | danau? |
| | 23. If death was due to external causes (VIOL ENCE) fill In also the following: | |
| E | Accident, suicide, or homicide? | |
| O 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? | |
| 17. INFORMANT Mus. C. H. Stochsdale | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA | CE. |
| 18. BURIAL, CREMATION, OP REMOVAL | Manner of injury | |
| Place Tielesburg: Med Dete Cel. 16, 1934 | Neture of injury. | |
| 19. UNDERTAKER J. Francis Russ Ned / | 24. Was disease or injury In eny way related to occupation of deceased? | • |
| 20. FILED. 1980 H (woodwood Registrate. | (Signed) C. L. Bellingalen (Address) Westermits | Jand, |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

B.-WRITE

ż

V. S. No. 1

1. PLACE OF DEATH

| County | Carroll | | Colored | Branch Registration Dist. No. 74 | |
|--|--|------------------|--------------------------------------|---|------------|
| Village or | city Henryton | Md. | | No. (Above) St., | , |
| | | | yrs 4 mos | death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. if of foreign birth?yrsmos | umber) |
| | ME Clinton | | | 77.3 | |
| (a) Reside | nce: No. 1408 My1 | (Usual place | | • 9 Still • Ward. If nonresident give city or town and S | State |
| PERSON | NAL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX Male | 4. COLOR OR RACE Colored | | RIED, WIDOWED, D (write tha word) | 21. DATE OF DEATH October 25, 1934 | , 193 |
| 5a. If married, wido HUSBAND of (or) WIFE of | wed, or divorced | | | 22. I HEREBY CERTIFY, That I attended dune, 13, 1934, 19 to Oct., 25, | deceased |
| 6. DATE OF BIRTH | (month, day, and year) ME | ay 26, 1 | 913 | im 00+ 25 1024 | ; death i |
| | ars Months | Days 29 | If LESS then I dey,hrs. | to have occurred on the data stated above, at 6 . 30 . M . The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: | |
| Z 8 Jrade, profe | ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc | Labore | | Pulmonary Tuberculosis | Date of |
| SAW MI | business in which as done, as SILK MILL, LL, BANK, atcsad last worked at upation (month and Unkr | nown spe | IN ime (yaers) nt in thi UNKNO | YIN. | Ser 193 |
| I2. BIRTHPLACE (c | 119 01 10 1111 1 20 00 00 | numberla inia | nd | Other Contributory Causes of Importance: | |
| 13. NAME | Hampo | don Tayl | or | | |
| (Stata o | E (city or town) Lance r country) Virg: | | | Neme of operation Date of What test confirmed diagnosis? Was there an au | |
| | E (city or town) North | | | 23. If daath was dua to extarnal causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicide? Whare did injury occur? (Specify city or town, county and State | :, 19_ |
| 17. INFORMANT (Address) | John E. O'll Henryton, N | | 1. D. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | CE. |
| 7 | tion, or removala | Dete O | ol, 79, 19 34 | Manner of injury | |
| 19. UNDERTAKER (Addrass) | Ms Les H./ba | ella- | e ave | 24. Was diseasa or injury in any way ralated to occupation of decoased? | 70.0 |
| 20 5455 10/ | - 1- | 90 | 97:11 | (Signed) Mur Gy Olle | de |

Local

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) _____

STATE OF MARYLAND—CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium

74

That I attended deceased from 25. 1984

Date of onset

Sept

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURCAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | (3) |
| County Clerul | Registration Dist. No. |
| Village or City Paterpres | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Eliza Jo /ay la | Y |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word) | 21. DATE OF DEATH Det 13 - 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Oay) (Year) |
| (or) WIFE of Watson 1 dy Cor | 22. Nov. /- HEREBY CERTIFY That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Cufual 8-1800 | I last saw h 5 alive on Oct 13 - 193 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 2. Pm. |
| 19 2 3 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | Myocarolis (chr.) Cate ot onset |
| 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. | |
| Date deceased last worked at this occupation (month and yeer) | |
| | Other Contributary Causes of importance: |
| (State or country) | acuto dellation of heart |
| 13. NAME John Wans | |
| 14. BIRTHPLACE (city or town) Muy land | Name of operation Date of Was these on automa 24 |
| 15. MAIDEN NAME Betsy a Tayler | What test confirmed diagnosis? |
| 16. BIRTHPLACE (city or town) for any law for the (State or country) | Accident, suicide, or homieide?, Date of Injury, 19 |
| 17. INFORMANT Marron Taylor | Specify whether Injury occurred in INFOSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manage of Island |
| Place Esley Olupel Oate Oat 1,1934 | Manner of Injury |
| 9. UNOERTAKER Of CONTROL (Address) | 24. Was disease or Injury In eny way related to occupation of deceased? |
| 10. FILEO / 1/14, 1931 Allersodard | (Signed) Smill M. D. |
| Registrari | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroentcritis | 1 year |
| | | | |

Registrar.

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(Address)

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| Example 1 | 1 | Example 11 | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| 2. FULL NAME Donald Lee Twenty, (a) Residence: No. Mt.Airy, Md. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX | | | | | | 1_yrs3mo |
|--|------|---------------|------------|-----------------|----------------------|---|
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1933-7-3 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None SAWYER, BOOKKEEPER, e | 2 | | | | | |
| 3. SEX Male White Single, Married, Widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1933-7-3 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Maryland 13. NAME Amos Twenty, 14. BIRTHPLACE (city or town) (State or country) Maryland 15. MAIOEN NAME Mary Emma Burdette, (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANT Amos Twenty, (Address) Mt. Airy, (Address) Mt. Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL | | (a) Residen | ce: No | | Mt.Al | ny, Md. |
| Male White Single 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1933-7-3 7. AGE Years Months Days If LESS than I day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Mt. Airy (State or country) Maryland. 13. NAME Amos Twenty, 14. BIRTHPLACE (city or town) Maryland 15. MAIOEN NAME Mary Emma Burdette, 16. BIRTHPLACE (city or town) Maryland. 17. INFORMANT Amos Twenty. (Address) Mt. Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL | | | , | | ICAL PART | ICULARS |
| HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1933-7-3 7. AGE Years Months Days If LESS than I day, | 3. 3 | | 4. COLO | | OR DIVORCE | ED (write the word) |
| 7. AGE Years Months Days If LESS than I day,hrs. or | 5a. | HUSBAND of | ed, or div | orced | | |
| 7. AGE Years Months Days If LESS than I day,hrs. or | 6. 1 | OATE OF BIRTH | month, da | av. and year) 7 | 033.7.3 | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAKWHLL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Mt. Airy, (State or country) Maryland. 13. NAME Amos Twenty, 14. BIRTHPLACE (city or town) Frederick Co. (State or country) Maryland 15. MAIOEN NAME Mary Emma Burdette, 16. BIRTHPLACE (city or town) Maryland. 17. INFORMANT Amos Twenty, (Address) Mt. Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL | | | | | | |
| Sawyer, Bookkeeper, etc. None | | 1 | | 3 | 23 | |
| (State or country) Maryland. 13. NAME Amos Twenty, 14. BIRTHPLACE (city or town) Frederick Co. (State or country) Maryland 15. MAIOEN NAME Mary Emma Burdette, 16. BIRTHPLACE (city or town) Montgomery Co. (State or country) Maryland. 17. INFORMANT Amos Twenty, (Address) Mt. Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL | 000 | this occu | | | 11. Total | time (years) ent in this cupation |
| 13. NAME Amos Twenty, 14. BIRTHPLACE (city or town) Frederick Co. (State or country) Maryland 15. MAIOEN NAME Mary Emma Burdette, 16. BIRTHPLACE (city or town) Montgomery Co. (State or country) Maryland. 17. INFORMANT Amos Twenty, (Address) Mt. Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL | 12. | | | | | |
| 15. MAIOEN NAME Mary Emma Burdette, 16. BIRTHPLACE (city or town) Montgomery Co. (State or country) Maryland. 17. INFORMANT Amos Twenty, (Address) Mt.Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL | ER | 13. NAME | A | | | |
| 15. MAIOEN NAME Mary Emma Burdette, 16. BIRTHPLACE (city or town) Montgomery Co. (State or country) Maryland. 17. INFORMANT Amos Twenty, (Address) Mt. Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL | FATH | | | | | |
| (State or country) Maryland. 17. INFORMANT Amos Twenty. (Address) Mt.Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL | ER | 15. MAIOEN NA | ME | | | |
| Amos Twenty. (Address) Mt.Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL | MOT | | | own)M | ontgomer Isrvland | ry Co. |
| 18. BURIAL, CREMATION, OR REMOVAL | 17. | | A | mos Twe | nty, | |
| | 18. | | | REMOVAL | | 28 3/1 |
| | | | | m. M. | 00 | |

| 117 | | | 7 |
|-----------------------------|----------------------------------|----------------------------|-------------------|
| ~~~ | Registrati | ion Dist. No. | - |
| No. | - 144V | C+ | Ward |
| death occurred in a horpita | or institution, give its NA | AME instead of street a | nd number) |
| 23 ds. How long in | | | _mosds. |
| | | | |
| | | | |
| St., Ward. | | | •• |
| | | dent give city or town | |
| MEDIC | CAL CERTIFICA | TE OF DEATH | 1 |
| 21. DATE OF DE | | | 8. |
| | October, | 26, | , 193 4 |
| | (Month) | (Day) | (Year) |
| 22. 0 /I A E F | EBY CERT | FY That, I attend | ted deceased from |
| Optober. | ZZ 1934 to | 11.1-1 | 1934 |
| CAN VO | | - | - |
| I last saw h | | | ; death is said |
| to have occurred on the | date stated above, at 2 | :Uham. | |
| Grace as follows: // | OF DEATH and related | 4 | |
| Dianala | ea 4 En | teritis | Data of onset |
| | | | 10-18-3 |
| | | | |
| | | | |
| | | | |
| | | | |
| Other Contributory Cana | es of Importance: | | |
| Dentity | | | |
| | // • | | |
| Anst | lowers | | |
| | | | |
| Name of operation | | Date o | f |
| What test confirmed diag | nosis? | Was there | an autopsy? The |
| 23. If death was due to ex | ternal causes (VIOL FNC) | F) fill in also the follow | vine: |
| | | | |
| | ricide? | Date of injury | |
| Where did injury occur?. | (Specify cit | y or town, county and | State) |
| Specify whether Injury of | courred in INDUSTRY, in | HOME, or In PUBLIC | PLACE. |
| | | | |
| Manner of Injury | | | |
| Nature of Injury | | | |
| | | | 2- |
| 24. Was disease or injury | In any way related to oc | cupation of deceased? | 10 |
| If so, specify | | V3 | |
| (Signed) Ze | erge M. | Doger | |
| (Address) | V. Dans | edeus 7 | nd |
| (7001033) | The second section of the second | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

|) | em of infor- | should state | f OCCUPA. | |
|----------------------------|---|--|--|--|
| S | CORD. Every in | PHYSICIANS | act statement o | |
| SINDING | ERMANENT RE | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | به |
| D FOR 1 | IS IS A P | e stated | e properly | f certificat |
| ARGIN RESERVED FOR BINDING | IG INK-THI | GE should b | that it may b | ons on back o |
| ARGIN | TH UNFADIN | lly supplied. | olain terms, so | TION is very important. See instructions on back of certificate. |
| • | PLAINLY, WI | ould be careful | F DEATH in 1 | ery important. |
| V. S. No. 1 | N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation she | CAUSE 0 | TION is v |

| 1. PLACE | OF DEATH | JE MAN | | B S A | |
|--|--|------------------------------|--|--|------------------|
| County- Carroll | | | | Registration Dist. No. 7 | |
| Village or | City Westmin | ster | | No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign hirth?yrs | |
| 2. FULL N | AME Unkno | wn. Abo | rtion, at | out 6 months. | |
| | ence: No. | (Usual place | | St., Ward. If nonresident give city or town and | State |
| PERSC | NAL AND STATIST | ICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX male | 4. COLOR OR RACE | 5. SINGLE, MAI OR DIVORCE | RRIED, WIDOWED; ED (write the word) | Unknown, about Oct. 20, | , 193 4 • (Yeer) |
| 5a. If merried, wid HUSBAND of | lowed, or divorced | | | 22, I HEREBY CERTIFY, That I ettended | deceased from |
| (or) WIFE of | | | | | |
| 6. DATE OF BIRT | H (month, day, end year) | . her | <i>_</i> | I lest saw h alive on, 19 | .; death is said |
| | Yeers Months | Deys | If LESS than I day, hrs. ormin. | to heve occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: | Date of onset |
| 8. Trede, prokind o | ofession, or particular of work done, as SPINNER, ER, BDOKKEEPER, etc | | | Boy baby, abortion, about 6 months, found on the dump on the New Windsor road on | Date of onset |
| 10. Date dece | or business in which was done, as SILK MILL, MILL, BANK, atc essed lest worked at coupation (month and | Sp | time (yeers) ent in this | October 20, 1934 | - |
| year) 12. BIRTHPLACE (State or c | (city or town) | 00: | eupation | Other Contributory Courses of Importance: Abortion. Being investigated by | |
| 13. NAME | 5 | | | authorities. | |
| | ACE (city or town) | 8 | | Neme of operation | |
| 15, MAIDEN | NAME | 500 | | Whet test confirmed diagnosis? Was there en 23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the following | g: |
| 17. INFORMANT | CE (city or town) | 15 | } | Accident, suicide, or homicide? Date of Injury Where did injury occur? Near Westminster (Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL | Car ro |
| . (Address) 18, BURIAL, CREM Plece 7 | NATION, OR REMOVAL | Dete. | 22,1984 | Menner of Injury | |
| 19. UNDERTAKER (Address) | Holanker | elde | Ind. | 24. Was disease or Injury In any wey releted to occupation of deceesed? | |
| 20. FILED | 722,1934 | que | Registrar. | (Signed) Westminster, Md. | corone |
| | 76 | | Advance State Paristran | N Chala Start Balan Banda - FI S No | |

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| | | | |

should state

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10120 |
|---|---|
| 1. PLACE OF DEATH | (2) |
| County Carroll | Registration Dist. No. |
| Village or City Sykl sville | No. Mingfuld State Noshital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| | s ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Robert N. Welsh | |
| (a) Residence: No. Rocknelle Md. | St. Word Rockville, Md. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Note S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single | 21. DATE OF DEATH October 25th 1934 (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. Thet I attended deceased from |
| 2 2 4 1865 | July 26 19/5, 10 October 25 19 34 |
| 6. DATE OF BIRTH (month, dey, and year) Wisknown Wisknessen 1885. | lest sew h sim alive on October 24 , 1934; deeth is said |
| 7. AGE Years Months Days If LESS than 1 dey, hrs. | to have occurred on the date steted above, at /2-2-5 A m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: |
| 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | Date of onest |
| SAWYER, BOOKKEEPER, etc. Jarmer | Tulmonary Juberculosis werember |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | 5= 1932 |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at may this occupetion (month and year) 11. Total time (years) g wan spent in this occupetion | |
| 5. h | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) — — — — — — — — — — — — — — — — — — — | - |
| 13. NAME William It Welsh | |
| 13. NAME Villam Xt. Welsh 14. BIRTHPLACE (city or town) Lukwown | None none |
| (State of country) Prany and | Name of operation Physical signs and X has findings. What test confirmed diegnosis? Was there en aulopsy? ho |
| 15. MAIDEN NAME Margaret Higgins | 23. If deeth was due to externel causes (VIOLENCE) fill In elso the following: |
| 15. MAIDEN NAME Margaret Origgins 16. BIRTHPLACE (city or town) - holesown (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| (didic di codini) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Througheld state Hospital (Records) (Address) Superville. Md. | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL | Manner of injury |
| Place of Mullel Ma Date 201 21,1934 | Nature of Injury |
| 19. UNDERTAKER The Line traphyses (Address) | 24. Wes diseese or injury In eny way related to occupation of deceesed? |
| 20. FILED Selv. 25, 19 3 + 3 Harry Herr Registrar. | (Signed) John N. Morris. M.D. (Address) (J.J. N.) Sykesville, Md. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| | | |
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| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| MIC | 2 | |
|-----|---|--|
| r | | |
| U | 2 | |
| 5 | • | |

| A- | STATE OF MARYLAND— | CERTIFICATE OF DEATH 10121 |
|--|--|---|
| infor- state UPA- | 1. PLACE OF DEATH | (13l) · |
| ould occ | County Jarro A | Registration Dist. No. 7/ |
| | Village or City Qark Hill | No. St., Ward |
| S o | (If Langth of residence in city or town whera death occurred vrs | death occurred in a horpital or institution, give its NAME instead of street and number) As: How long in U.S. if of foreign birth? |
| CORD. Every PHYSICIANS ct statement | 2. FULL NAME John Dange 1 | tol tu |
| Ev. | (a) Residence: No. | St. Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| RECO. PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| TT. | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| RMANEN X A C T I classified | 5a. If merriad, widowed or divorced HUSBAND of (or) WIFE of althaning Sabhia Welly | 22. I HEREBY CERTIFY. That I attended deceased from |
| | 6. DATE OF BIRTH (month, day, and year) | i last sew han alive on Och 20 193 X: death is said |
| erly icat | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 6. Pm. |
| IS A PE stated E properly certificate. | 4 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: |
| be be of c | R Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. | 7 |
| 14 | 9. Industry or business in which | Chronic interstitude 1930 |
| NK-T should it may n back | work was done, as SILK MILL, SAW MILL, BANK, etc. | negrina |
| H m + o | | |
| AGE that | a to the said | Other Coutributory Causes of importance: |
| DIII. | 12. BIRTHPLACE (city or town) (State or country) | arters - Scherous (|
| WITH UNFADING efully supplied. AGI in plain terms, so that int. See instructions | | |
| Up ter ter | 13. NAME A LEWICH WELL '1 14. BIRTHPLACE (city or town) All A MAN | Name of operation |
| H 70 | (State or country) | What tast confirmed diagnosis? Was there an autopsy? |
| WIT | 15. MAIDEN NAME Hary Spelly | 23. If death was due to external causas (VIOLENCE) fill in also the following: |
| | 15. MAIDEN NAME 16. BIRTHPLACE (city or towps) 16. State or country (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| NL AT AT | (State or couply) | Where did injury occur? |
| E PLAINLY, should be can OF DEATH s very import | 17. INFORMANT CAME GO MENT MAN CONTRACTOR (Address) | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Short Short | 18. BURIAL, CREMATION, OR REMOVAL | Mannar of injury |
| | Place All along line Date D. T. 23., 193. 4 | Neture of injury |
| -WRIT mation CAUS TION | 19. UNDERTAKER DE DANSLEY DOUS. | 24. Was disease or injury in any way ralated to occupation of dacaased? |
| B. | (Address) umon Ofridge Md | If so, spacify |
| z'? | 20. FILED Oct 22, 193 4 Marghet & Registrar. | (Signed) Could f alleler M. D. (Addrass) Low Day |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| CE | S | pinoi | De | Stated | VACIL | I. FD | AGE Should be stated EAACILLI. FRISICIANS Should state | Snould | State |
|------|----|-------|----|-----------------------------|-------------|-------|--|--------|-------|
| that | it | may | be | properly | classified. | Exact | that it may be properly classified. Exact statement of OCCUPA. | of occ | UPA |
| ons | n | back | Jo | ons on back of certificate. | | | | | 1 |

| STATE OF M | ARYLAND—CERTIFICATE OF DEATH | 10122 |
|------------|------------------------------|-------|
| ATH | (22 | |

| 1. PLACE (| OF DEATH Carroll | d. Tube | rculosis | Sanatorium) (23 | Registration Dis | st. No. 74 | 71.30 |
|---|--|----------------------|--------------------------------|--|---------------------------|----------------------|------------------------|
| Village or | city Henryton | | | No. | | St., | Ward |
| Length of ra | sidence in city or town where | death occurrad | O yrs 2 mos | death occurred in a hospital or institution. 23 ds. How long in U.S. if | of foreign birth? | nstead of street and | number) |
| | AME Peyton Wence: No. 301 N. E | den St. | | (Baltimore, | Mā.) | | |
| BERGO | NAL AND CTATICE | (Usual place | | MEDICAL | | ve city or town one | State |
| 3. SEX | NAL AND STATIST | 1 | RIED, WIDOWED. | 21. DATE OF DEATH | ERTIFICATE O | JF DEATH | |
| Male | Color or RACE | or Divorce | D (write the word) | ZI. DATE OF DEATH | Oct. | 13 (0ay) | , 193 4 (Yaar) |
| 5a. If married, wide HUSBAND of (or) WIFE of | owad, or divorced | | | July 20 | Y CERTIFY. | , That I attended | |
| 6. DATE OF BIRTH | I (month, day, and yaar) | ct.15, | 1896 | I last saw h im alive on | Oct. 13 | 1934 | ; daath is said |
| | Months 11 | 29 Days | If LESS than 1 day,hrs. ormin. | to have occurred on the date stat Tha PRINCIPAL CAUSE OF DEA wera es follows: | | | Oate of onest |
| 8. Trade, profined of SAWYE | assion, or particular work dona, es SPINNER, R, BOOKKEEPER, atc business In which | Laborer | | Pulmonary ' | Tuberculo | sis | March 1934 |
| SAW M | res done, es SILK MILL, ILL, BANK, atc | 11. Total t | ima (yaers) nt In this | | | ~~~~~~~~~~ | |
| year) _ 12. BIRTHPLACE ((State or co | city or town) Disp | outanta | ipation | Othar Contributory Causes of Imp | ortanca: | | |
| | Lath Willia | | | | | | |
| H 14. BIRTHPLAC | or country) Vir | Ruon | w, | Name of operation What test confirmed diegnosis? | 0 | Date of | autonsy? NO. |
| 15. MAIOEN N | AME Lucy Th | reet | | 23. If death was due to external ce | | | |
| | CE (city or town) | ginia | 020 | Accidant, suicide, or homicide? Where did injury occur? | Da | te of Injury | , 19 |
| 17. INFORMANT John B. O'Neill (Address) Henryton, Md. | | | | (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. | | | |
| 18. BURIAL, CREMATION OR REMOVAL COSTONE 10/17/34, 1934 | | | | Manner of injury | | | |
| 19. UNDERTAKER (Address) | 13/12/8 7/15 | Mosical Block | Mright | 24. Wes disaase or injury in eny v | way ralated to occupation | on of daceased? | ho |
| 20 FILED 10/ | 13/34, The | G Coty Local | Heile . Registrar. | (Signad) | enryton, I | , 9/4 | ull _y m. D. |
| | If more | blanks are needed, a | address State Registrar, | 2411 N. Charles Street, Baltimore, R | Lequesting V. S. No. z. | | |

N. B.

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